

Annexure – VIII-A

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: - Rheumatology

This is to Certify that Dr. Lalana Kalekar has worked in the Department of General Medicine, Lokmanya Tilak Municipal Medical College and General Hospital as per following details.

A) General Experience: -

| Designation | From | To | Total period | |
|----------------------|------------|------------|--------------|-----------|
| | | | Year | Month |
| Assistant Professor | 1/11/2000 | 17/9/2017 | 16 years | 10 months |
| Associate Professor | 18/9/2017 | 13/09/2020 | 03 years | |
| Additional Professor | 14/09/2020 | Till date | 04 years | 04 months |
| Total Experience | | | 24 years | 02 months |

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

| Designation | From | To | Total period | |
|----------------------|------------|------------|--------------|-----------|
| | | | Year | Month |
| Assistant Professor | 2006 | 17/9/2017 | 11 years | |
| Associate Professor | 18/9/2017 | 13/09/2020 | 3 years | |
| Additional professor | 14/09/2020 | Till date | 04 years | 04 months |
| Total Experience | | | 18 years | 04 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. N. D. Karnik
Sign & Stamp Head of the Department
Department of Medicine
Lokmanya Tilak Municipal
Medical College & General Hospital,
Sion, Mumbai - 400 022.

Date: 29/1/2025

30 JAN 2025
Sign & Stamp
Dean/Principal/Head
of Institute
Lokmanya Tilak Municipal General
Hospital & Medical College,
Sion, Mumbai - 400 022.

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

Annexure – VIII-A

Professional/Teaching Experience Certificate for Fellowship/Certificate
Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: Rheumatology

This is to Certify that Dr. Amruta Digole has worked in the Department General Medicine and Rheumatology as per following details.

A) General Experience: -

| Designation | From | To | Total period Year / Month | |
|---|------------|------------|------------------------------|------------------|
| 1. Assistant Professor (Ad-hoc) LTMMC and GH Mumbai | 8/1/2022 | till date | 03 years | |
| 2. Shushrusha Hospital | 13/04/2020 | Feb 2022 | 02 years | |
| 3. Shalby hospital Ahmedabad | 21/02/2017 | April 2020 | 03 years | 02 months |
| 4. Fellow rheumatology / Senior Registrar General Medicine | 01/08/2015 | 31/07/2016 | 01 year | |
| Total Experience | | | 09 years | 02 months |

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

| Designation | From | To | Total period Year / Month | |
|---|------------|------------|------------------------------|------------------|
| 5. Assistant Professor (Ad-hoc) Rheumatology unit, Dept of Medicine, LTMMC and GH Mumbai | 8/1/2022 | till date | 03 years | |
| 6. Shushrusha Hospital | 13/2/2021 | Feb 2022 | 01 year | |
| 7. Shalby hospital Ahmedabad | 21/02/2017 | April 2020 | 03 years | 02 months |
| 8. Fellow rheumatology / Senior Registrar General Medicine | 01/08/2015 | 31/7/2016 | 01 year | |
| | | | 08 years | 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. NAD Karnik
DR. NAD. KARNIK
Professor & Head
Department of Medicine
Lokmanya Tilak Municipal
Medical College & General Hospital,
Sion, Mumbai - 400 022.

29/11/2025

Dr. Amruta Digole
Sign & Stamp 30 JAN 2025
Dean/Principal/Head
of Institute
DEAN

Lokmanya Tilak Municipal General
Hospital & Medical College,
Sion, Mumbai - 400 022.

| Name of Inspectors | | Signatures of Inspectors |
|---------------------------|-----------------|---------------------------------|
| 1. | Chairman | |
| 2. | Member | |
| 3. | Member | |
| 4. | Member | |

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 – Rheumatology

This to Certify that Dr. Deepak Ramchandra Malgutte has worked in the Department of General Medicine at Lokmanya Tilak Municipal Medical College, Sion Mumbai as per following details:

A) General Experience

| Designation | From | To | Total periodYear/Months | |
|--|------------|------------|-------------------------|-----------|
| | | | Year | Months |
| Resident in Medicine | 01/06/2015 | 01/06/2018 | 03 years | |
| Senior Resident in Medicine | 19/07/2018 | 20/08/2019 | 01 years | |
| Senior Resident at IAH, Delhi | 02/09/2019 | 01/09/22 | 03 years | |
| Assistant Professor (Ad-Hoc) Medicine (Rheumatology Unit) at LTMMC, Sion | 15/11/2022 | Till date | 02 years | 02 months |

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

| Designation | From | To | Total periodYear/Months | |
|--|------------|------------|-------------------------|-----------|
| | | | Year | Months |
| Senior Resident in Medicine (Rheumatology Unit) at LTMMC, Sion | 19/07/2018 | 20/08/2019 | 01 year | 01 month |
| Senior Resident (Rheumatology) at IAH, Delhi | 02/09/2019 | 01/09/2022 | 03 years | |
| Assistant Professor (Ad-Hoc) Medicine (Rheumatology Unit) at LTMMC, Sion | 15/11/2022 | Till date | 02 years | 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)

N. Karnik

Sign & Stamp
Head of the Department
Date : 30 / 01 / 2025
Dr. N. D. Karnik
Professor & Head
Department of Medicine
Lokmanya Tilak Municipal
Medical College & General Hospital,
Sion, Mumbai - 400 022.

Sign & Stamp
Dean/Principal/Head of Institute

Date: / 01 FEB 2025
DEAN

Lokmanya Tilak Municipal General
Hospital & Medical College,
Sion, Mumbai - 400 022.

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