

Annexure - II

LTH/ 96 /Anaes  
Date 29/06/2025

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

Title of the Course applied for:-**Postdoctoral Fellowship Course in Regional Anaesthesia**  
This is to certify that **Dr. Devangi Parikh** has worked in the Department of ANAESTHESIOLOGY, LOKMANYA TILAK MUNICIPAL MEDICAL College / Institutes as per following details.

(A) **General Experience:**

Designation	From	To	Total period (Year & month)
Assistant Professor	07/10/2006	4/11/2011	5yrs 1 months
Associate Professor (Adhoc)	5/11/2011	08/02/2021	9yrs 3 months
Associate Professor (Regular)	09/02/2021	2/11/2024	3 years 8 months
Additional Professor	2/11/2024	1/1/ 2025	3 months
<b>Total</b>			<b>18Years 3months</b>

(B) **Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for**

POSTINGS	FROM	TO	TOTAL
SURGERY OT	1/11/2010 1/2/2013 1/7/2021	30/6/2011 31/1/2014 14/7/2021	1 year 8 months
UROLOGY OT	1/1/2007 1/2/2012	1/4/2007 31/1/2013	1 year 4 months
PLASTIC OT	15/07/21	TILL DATE	3 years 6month
ORTHOPAEDIC OT	1/6/2010 1/2/2019	31/10/10 14/2/2020	1year 5 months
PAEDIATRIC OT	1/2/2017	31/1/2018	1 year
CARDIAC AND CATH LAB	1/8/2006 1/9/2011 1/2/2018	31/12/2006 30/9/2011 31/1/2019	1 year 6 months
NEURO OT	1/4/2007 1/7/2014	31/7/2007 31/1/2016	1 year 4 months
EMERGENCY ORTHO,SURGERY SEPTIC OT	1/4/2006 1/12/11 15/2/2020	31/7/2006 31/1/2012 30/6/2021	1 year 11 months
LABOUR/OBSTETRIC OT	1/12/2007	31/12/2007	1 months
GYNAEC OT	1/1/2008	30/6/2008	6 months
<b>Total</b>			<b>13years 3 months</b>

*Wade De*  
Sign & Rubber Stamp  
Head of the Department  
Date: 29-01-2025

Remarks of LIC Committee

Accordingly, the aforesaid teacher is **\*\*ELIGIBLE/NOT ELIGIBLE\*\*** to conduct said course

**Head of Department**  
**Dept. of Anaesthesiology**  
Date: **T.M.M.C./L.T.M.G.H**  
**Sion-22**

*Wjani*  
Sign. & Rubber Stamp  
Head of Institute  
Date: **30 JAN 2025**  
**DEAN**

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

Signature of LIC Member  
Name:

Information to be submitted with respect to newly appointed mentors

Professional Experience Certificate for Fellowship/Certificate  
Courses/Faculty/Teachers/Consultant/MentorTitle of the Course applied for:-**Postdoctoral Fellowship Course in Regional Anaesthesia**This is to certify that **Dr. Shruti Patil** has worked in the Department of ANAESTHESIOLOGY,  
LOKMANYA TILAK MUNICIPAL MEDICAL College / Institutes as per following details.**(A) General Experience:**

Designation	From	To	Total period (Year & month)
Assistant Professor(adhoc)	26/04/2013	21/08/2013	4months
Assistant Professor (Regular)	23/08/2013	23/08/2023	10yrs
Additional Associate Professor	23/08/2023	Till date	1 yr 4 months
<b>Total</b>			<b>11 Years 8months</b>

**(B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for**

POSTINGS	FROM	TO	TOTAL
SURGERY OT	01/04/2013	30/6/2013	11months
	01/6/2015	31/8/2015	
	01/06/2017	30/11/2017	
	03/01/2022	30/01/2022	
UROLOGY OT	31/12/2018	02/06/2019	6months
PLASTIC OT	03/06/22	30/06/2023	1 year 1month
ORTHOPAEDIC OT	01/03/2016	30/07/2016	2year 3 months
	15/11/2016	28/02/2017	
	01/03/2021	30/06/2021	
	01/07/2023	1/06/2024	
PAEDIATRIC OT	31/08/2015	30/11/2015	6months
	2/06/2024	1/01/2025	6 months
CARDIAC AND CATH LAB	01/03/2015	31/08/2015	6 months
NEURO OT	30/11/2015	28/02/2016	3 months
EMERGENCY ORTHO,SURGERY SEPTIC OT	15/04/2014	31/07/2014	8 months
	01/10/2016	30/11/2016	
	01/03/2017	31/05/2017	
LABOUR/OBSTETRIC OT	01/10/2014	30/11/2014	3months
	02/01/2021	28/02/2021	
GYNAEC OT	01/07/2013	28/10/2013	10months
	03/06/2019	27/10/2019	
	29/04/2022	18/05/2022	
PDFC Regional Anaesthesia	01/12/2017	30/11/2018	1 year
<b>Total</b>			<b>8 years 8 months</b>

made by  
Sign & Rubber Stamp  
Head of the Department  
Date: 29.1.2025

Remarks of LIC CommitteeAccordingly, The aforesaid teacher is **\*\*ELIGIBLE/NOT ELIGIBLE\*\*** to conduct said course

Dept. of Anaesthesiology  
L.T.M.M.C./L.T.M.G.H

Date Sign-22

Sign. & Rubber Stamp  
Head of Institute

Date: 30 JAN 2025  
DEAN

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

Signature of LIC Member  
Name: