

Information to be submitted with respect to newly appointed mentorsProfessional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/MentorTitle of the Course applied for:- FELLOWSHIP IN BREAST SURGERYThis to Certify that Dr. PRABHAKAR SUBRAMANIAM has worked in the Department of GENERAL SURGERY Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	09.09.1989	14.02.1995	5 years	2 months
ASSOCIATE PROFESSOR	15.02.1995	07.05.2006	11 years	1 month
PROFESSOR	08.05.2006	Till date	17 years	2 months

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

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	09.09.1989	14.02.1995	5 years	2 months
ASSOCIATE PROFESSOR	15.02.1995	07.05.2006	11 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)

PROFESSOR 08.05.2006 Till date 17 years 2 months

Sign & Stamp

Head of the Department

Date: 29 / 01 / 25

Dr. Prabhakar
 Professor & Head
 Department of Surgery
 L.T. Municipal College, Sion,
 Mumbai - 400 022.

Sign & Stamp

Dean/Principal/Head of Institute

Date: 31 / 01 / 2025

Dr. J. J. J.

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	

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:- FELLOWSHIP IN BREAST SURGERYThis to Certify that Dr. SANDHYA P IYER has worked in the Department of GENERAL SURGERY Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	17.05.1999	19.09.2008	9 years	3 months
ASSOCIATE PROFESSOR	20.09.2008	10.01.2022	13 years	4 months
PROFESSOR	11.01.2022	Till date	3 years	

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

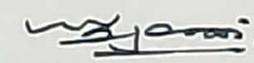
Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	17.05.1999	19.09.2008	9 years	3 months
ASSOCIATE PROFESSOR	20.09.2008	10.01.2022	13 years	4 months
PROFESSOR	11.01.2022	Till date	3 years	

(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: 29/01/25


Dr. S. Prabhakar
Professor & Head
Department of Surgery
L.T.M.M. College, Sion,
Mumbai - 400 022.

Sign & Stamp


DEAN
Dean/Principal/Head of Institute
Date: 31/01/2025
Tilak Municipal Gen
Hospital & Medical College
Sion, Mumbai - 400 022.

Name of Inspectors		Signature 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:- FELLOWSHIP IN BREAST SURGERYThis to Certify that Dr. MINAKSHI A. GADHIRE has worked in the Department of GENERAL SURGERY Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	07.08.2002	16.10.2008	6 years	1 month
ASSOCIATE PROFESSOR	17.10.2008	18.06.2021	12 years	5 months
ADDITIONAL PROFESSOR	19.06.2021	Till date	3 years	7 months

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

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	07.08.2002	16.10.2008	6 years	2 months
ASSOCIATE PROFESSOR	17.10.2008	18.06.2021	12 years	8 months
ADDITIONAL PROFESSOR	19.06.2021	Till date	3 years	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

Date: 25/01/25


Dr. S. Drabhakar
 Professor & Head
 Department of Surgery
 L.T.M.M. College, Sion,
 Mumbai - 400 022.

Sign & Stamp

Dean/Principal/Head of Institute

Date: 31/01/25**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	

Information to be submitted with respect to newly appointed mentorsProfessional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/MentorTitle of the Course applied for:- FELLOWSHIP IN BREAST SURGERYThis to Certify that Dr. RANJEET KAMBLE has worked in the Department of GENERAL SURGERY Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	22.02.2006	06.01.2017	11 years	9 months
ASSOCIATE PROFESSOR	07.01.2017	Till date	05 years	6 months

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

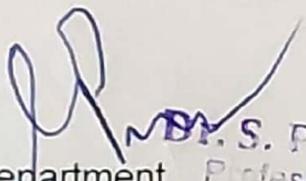
Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	22.02.2006	06.01.2017	11 years	9 months
ASSOCIATE PROFESSOR	07.01.2017	Till date	05 years	6 months

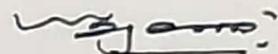
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Date: 25/01/25


Dr. S. Prabhakar
 Professor & Head
 Department of Surgery
 L.T.M.M. College, Sion,
 Mumbai - 400 022.



DEAN

Sign & Stamp
Dean/Principal/Head of InstituteDate: 31/01/2025
Sion, Mumbai - 400 022.

Name of Inspectors		Signature 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:- FELLOWSHIP IN BREAST SURGERY

This to Certify that Dr. DEVBRATA ADHIKARI has worked in the Department of GENERAL SURGERY Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
			Year	Months
ASSISTANT PROFESSOR	29.08.2009	18.07.2016	6 years	11 months
ASSOCIATE PROFESSOR	19.07.2016	Till Date	6 years	6 months

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

Designation	From	To	Total period Year/Months	
			Year	Months
ASSISTANT PROFESSOR	29.08.2009	18.07.2016	6 years	11 months
ASSOCIATE PROFESSOR	19.07.2016	Till Date	6 years	6 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: 29/01/25

Dr. S. Prabhakar
Professor & Head
Department of Surgery
L.T.M. College, Sion,
Mumbai - 400 022.

DEAN
Sign & Stamp
Laxmanya Tilak Municipal General Hospital, Sion,
Mumbai - 400 022.
Date: 31/01/2025

Name of Inspectors		Signature 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:- FELLOWSHIP IN BREAST SURGERY

This to Certify that Dr. KAIUMARZ SOHRAB SETHNA has worked in the Department of GENERAL SURGERY Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
			Year	Months
ASSISTANT PROFESSOR	18.10.1993	21.04.1999	5 years	6 months
ASSOCIATE PROFESSOR	22.04.1999	30.09.2008	9 years	5 months
PROFESSOR	01.10.2008	Till date	16 years	-

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

Designation	From	To	Total period Year/Months	
			Year	Months
ASSISTANT PROFESSOR	18.10.1993	21.04.1999	5 years	6 months
ASSOCIATE PROFESSOR	22.04.1999	30.09.2008	9 years	5 months
PROFESSOR	01.10.2008	Till date	16 years	-

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

PROFESSOR 01.10.2008 Till date 16 years -

Sign & Stamp
Head of the Department
Date: 29/01/25

Sign & Stamp
Dean/Principal/Head of Institute
Date: 31/01/25
Lokmanya Tilak Municipal General Hospital & Medical College, Mumbai - 400 022

Name of Inspectors		Signature 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:- FELLOWSHIP IN BREAST SURGERYThis to Certify that Dr. CHETAN M. RATHOD has worked in the Department of GENERAL SURGERY Training Centre as per following details**A) General Experience**

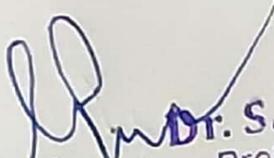
Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	26.06.2011	17.02.2021	9 years	7 months
ASSOCIATE PROFESSOR	18.02.2021	Till date	3 years	8 months

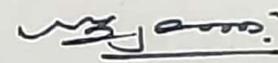
B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	26.06.2011	17.02.2021	9 years	7 months
ASSOCIATE PROFESSOR	18.02.2021	Till date	3 years	8 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: 29/01/25


Dr. S. Prabhakar
 Professor & Head
 Department of - gery
 L.T.M.M. College, Sion,
 Mumbai - 400 022.


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: 31/01/2025

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

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

Information to be submitted with respect to newly appointed mentorsProfessional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor

Title of the Course applied for:- FELLOWSHIP IN BREAST SURGERY

This to Certify that Dr. VINEET KUMAR has worked in the Department of GENERAL SURGERY Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	02.05.2013	Till date	12 years	

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

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	02.05.2013	Till date	12 years	

(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: 29/01/25


 Sign & Stamp
 DEAN
 Lokmanya Tilak Municipal General
 Hospital & Medical College,
 Date: 31/01/2025
 Sign, Mumbai - 400 022.

Name of Inspectors		Signature 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:- FELLOWSHIP IN BREAST SURGERYThis to Certify that Dr. MANSHA SINGH has worked in the Department of GENERAL SURGERY Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	02.05.2013	Till date	11 years	6 months

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

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	02.05.2013	Till date	11 years	6 months
BONDED SR.	AUGUST 2012	10.04.2013	8 months	

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

RESIDENT IN MS GENERAL SURGERY 02.05.2019 30.04.2012

3 years

Sign & Stamp
Head of the Department
Date: 29/01/25

DEAN
Sign & Stamp
Lokmanya Tilak Municipal General Hospital, Head of Institute
Date: 31/01/2025
Station, Mumbai - 400 022.

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