

**ANNEXURE- VIII**

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

<b>Date of Inspection</b>	:	
---------------------------	---	--

**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
01	MINIMAL ACCESS SURGERY	2019-2020	2	Dr.S Prabhakar(9820082496)
02	ADVANCED GASTROINTESTINAL ENDOSCOPY	2018-2019	2	Dr.S Prabhakar(9820082496)
03	BREAST SURGERY	2024-2025	2	Dr.S Prabhakar(9820082496)

(Attach separate List if necessary)

**Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years**

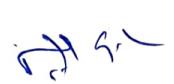
Sr. No	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
01	A.Y. 2020 – 2021	MINIMAL ACCESS SURGERY	2	2
02	A.Y. 2021– 2022	MINIMAL ACCESS SURGERY	2	2
03	A.Y. 2022– 2023	MINIMAL ACCESS SURGERY	2	2
04	A.Y. 2023– 2024.	MINIMAL ACCESS SURGERY	2	2
05	A.Y. 2024– 2025	MINIMAL ACCESS SURGERY	2	2

Sr. No	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
01	A.Y. 2020 – 2021	ADVANCED GASTROINTESTINAL ENDOSCOPY	2	2
02	A.Y. 2021– 2022	ADVANCED GASTROINTESTINAL ENDOSCOPY	2	2
03	A.Y. 2022– 2023	ADVANCED GASTROINTESTINAL ENDOSCOPY	2	2
04	A.Y. 2023– 2024.	ADVANCED GASTROINTESTINAL ENDOSCOPY	2	2
05	A.Y. 2024– 2025	ADVANCED GASTROINTESTINAL ENDOSCOPY	2	2

Sr. No	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
01	A.Y. 2020 – 2021	BREAST SURGERY	2	1

  
**Dr. S. Prabhakar**  
 Professor & Head  
 Department of Surgery  
 L.T.M.M. College, Sion,  
 Mumbai - 400.022.  
**Dean (L.T.M.G.H.)**  
**Dean (L.T.M.G.H.)**

  
 06/03/26






ANNEXURE- VIII-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 :- Fellowship in Breast Surgery  
This is to Certify that **Dr. Prabhakar Subramanian** has worked in the Department of General Surgery  
College / Institutes L.T.M.Medical College, Sion as per following details.

A) General Experience:-

Designation	From	To	Total period	
			Year	Month
Assistant Professor	09.09.1989	14.02.1995	5 yrs.	5 month
Associate Professor	15.02.1995	07.05.2006	11 yrs.	3 month
Professor	08.05.2006	Till date	16 yrs.	10 month

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

Designation	From	To	Total period	
			Year	Month
Assistant Professor	09.09.1989	14.02.1995	5 yrs.	5 month
Associate Professor	15.02.1995	07.05.2006	11 yrs.	4 month
Professor	08.05.2006	Till date	16 yrs.	10 month

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

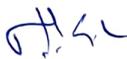
Sign & Stamp  
Dean/Principal/Head of Institute  
Date:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member







  
06/03/20



Dean (L.T.M.G.H.)

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 is to Certify that Dr. Sandhya P Iyer has worked in the Department of General Surgery  
College / Institutes L.T.M.Medical College, Sion as per following details.

E) General Experience:-

Designation	From	To	Total period Year / Month	
Assistant Professor	17.05.1999	19.09.2008	9 yrs.	4 mths
Associate Professor	20.09.2008	09/01/2022	13 yrs.	3 mths
Professor	09/01/2022	Till date	1 year	2 months

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

Designation	From	To	Total period Year / Month	
Assistant Professor	17.05.1999	19.09.2008	9 yrs.	4 mths
Associate Professor	20.09.2008	09/01/2022	13 yrs.	3 mths
Professor	09/01/2022	Till date	1 year	2 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:  
**Dr. S. Prabhakar**  
Professor & Head  
Department of Surgery  
L.T.M.M. College, Sion,  
Mumbai - 400 022.

Sign & Stamp  
Dean/Principal/Head of Institute  
Date:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

06/03/26

Dean (L.T.M.G.H.)

**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 is to Certify that Dr. Mansha Singh has worked in the Department of General Surgery

College / Institutes L.T.M.Medical College, Sion as per following details.

**K) General Experience:-**

Designation	From	To	Total period	
			Year	Month
Assistant Professor	02/05/2013	Till date	9 years	10 months

**L) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:**

Designation	From	To	Total period	
			Year	Month
Resident MS General Surgery	02/05/2009	30/04/2012	3 years	
Bonded SR	01/08/2012	30/04/2013		8 months
Assistant Professor	02/05/2013	Till date	9 years	10 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:

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

Sign & Stamp  
Dean/Principal/Head of Institute  
Date:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*  
05/03/26

*[Handwritten signature]*

Dean (L.T.M.G.H.)

**Information to be submitted with respect to newly appointed mentors**

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

**Title of the Course applied for : Fellowship Course in Diagnostic Neuro-Radiology**

This is to certify that **Dr. Anagha Rajeev Joshi** has worked in the Department of Radiology, Lokmanya Tilak Municipal Medical College and Lokmanya Tilak Municipal General Hospital, Sion, Mumbai 400 022 as per following details :

**A) General Experience :**

Designation	From	To	Total period Year / Month	
Assistant Professor	27.08.1992	17.10.1998	6 years	1 month 22 days
Associate Professor	18.10.1998	30.12.2011	13 years	3 months 12 days
Professor (Addl.)	31.12.2011	23.08.2016	4 years	7 months 24 days
Professor	24.08.2016	25.10.2017	1 year	2 months 3 days
Professor & Head	26.10.2017	Till date	8 years	3 months 17 days

**B) Actual Experience in the subject of concerned Fellowship / Certificate Course applied for :**

Designation	From	To	Total period Year / Month	
Assistant Professor	27.08.1992	17.10.1998	6 years	1 month 22 days
Associate Professor	18.10.1998	30.12.2011	13 years	3 months 12 days
Professor (Addl.)	31.12.2011	23.08.2016	4 years	7 months 24 days
Professor	24.08.2016	25.10.2017	1 year	2 months 3 days
Professor & Head	26.10.2017	Till date	8 years	3 months 17 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  
Date :

Dr. Anagha R. Joshi  
Professor Head  
Dept. of Radiology  
L.T.M.G. Hospital  
Sion, Mumbai-22.

Sign & Stamp  
Dean/Principal/Head of Institute  
Date :

  
Dean (L.T.M.G.H.)  
06/03/20

**Information to be submitted with respect to newly appointed mentors****Professional /Teaching Experience Certificate for Fellowship/Certificate Courses  
Faculty/Teachers/Consultant/Mentor**

**Title of the Course applied for : Fellowship Course in Body Imaging (CT & MRI of Chest and Abdomen)**

This is to certify that **Dr. Jernailsingh Premsingh Bava** has worked in the Department of Radiology, Lokmanya Tilak Municipal Medical College and Lokmanya Tilak Municipal General Hospital, Sion, Mumbai 400 022 as per following details :

**A) General Experience :**

Designation	From	To	Total period Year / Months	
Assistant Professor (Adhoc)	01.02.2003	22.10.2003	-	8 months 22 days
Assistant Professor (Regular)	23.10.2003	03.03.2011	7 years	4 months 11 days
Associate Professor	04.03.2011	28.02.2014	2 years	11 months 24 days
Professor (Addl.)	01.03.2014	Till date	11 years	11 months 11 days

**B) Actual Experience in the subject of concerned Fellowship / Certificate Course applied for :**

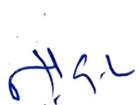
Designation	From	To	Total period Year / Months	
Assistant Professor (Adhoc)	01.02.2003	22.10.2003	-	8 months 22 days
Assistant Professor (Regular)	23.10.2003	28.02.2011	7 years	4 months 6 days
Associate Professor	01.03.2011	28.02.2014	2 years	11 months 28 days
Professor (Addl.)	01.03.2014	Till date	11 years	11 months 11 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  
Date :

Dr. Anagha R. Joshi  
Professor Head  
Dept. of Radiology  
L.T.M.G. Hospital  
Sion, Mumbai-22.

Sign & Stamp  
Dean/Principal/Head of Institute  
Date :

    
Dean (L.T.M.G.H.)

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for : **Fellowship Course in Body Imaging (CT & MRI of Chest & Abdomen)**

This is to certify that **Dr. Anagha Rajeev Joshi** has worked in the Department of Radiology, Lokmanya Tilak Municipal Medical College and Lokmanya Tilak Municipal General Hospital, Sion, Mumbai 400 022 as per following details :

**A) General Experience :**

Designation	From	To	Total period Year / Months	
Assistant Professor	27.08.1992	17.10.1998	6 years	1 month 22 days
Associate Professor	18.10.1998	30.12.2011	13 years	3 months 12 days
Professor (Addl.)	31.12.2011	23.08.2016	4 years	7 months 24 days
Professor	24.08.2016	25.10.2017	1 year	2 months 3 days
Professor & Head	26.10.2017	Till date	8 years	3 months 17 days

**B) Actual Experience in the subject of concerned Fellowship / Certificate Course applied for :**

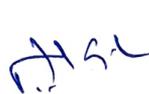
Designation	From	To	Total period Year / Months	
Assistant Professor	27.08.1992	17.10.1998	6 years	1 month 22 days
Associate Professor	18.10.1998	30.12.2011	13 years	3 months 12 days
Professor (Addl.)	31.12.2011	23.08.2016	4 years	7 months 24 days
Professor	24.08.2016	25.10.2017	1 year	2 months 3 days
Professor & Head	26.10.2017	Till date	8 years	3 months 17 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  
Date :

  
Dr. Anagha R. Joshi  
Professor Head  
Dept. of Radiology  
L.T.M.G. Hospital  
Sion, Mumbai-22.

Sign & Stamp  
Dean/Principal/Head of Institute  
Date :

  
  
Dean (L.T.M.G.H.)

  
06/03/20  


**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 Minimal Access Surgery

This to Certify that **Dr.Prabhakar Subramanian**

Has worked in the Department of Department of General Surgery Training Centre as per following details

**A) General Experience:-**

Designation	From	To	Total period	
			Year	Month
Assistant Professor	09.09.1989	14.02.1995	5 yrs.	5 month
Associate Professor	15.02.1995	07.05.2006	11 yrs.	3 month
Professor	08.05.2006	Till date	16 yrs.	10 month

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

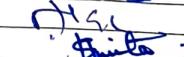
Designation	From	To	Total period	
			Year	Month
Assistant Professor	09.09.1989	14.02.1995	5 yrs.	5 month
Associate Professor	15.02.1995	07.05.2006	11 yrs.	4 month
Professor	08.05.2006	Till date	16 yrs.	10 month

(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: 22/12/21

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

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

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

  
Dean (L.T.M.G.H.)



**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 Minimal Access Surgery

This to Certify that Dr. Sandhya P Iyer

Has worked in the Department of Department of General Surgery Training Centre as per following details

**A) General Experience:-**

Designation	From	To	Total period	
			Year / Month	
Assistant Professor	17.05.1999	19.09.2008	9 yrs.	4 mths
Associate Professor	20.09.2008	09/01/2022	13 yrs.	3 mths
Professor	09/01/2022	Till date	1 year	2 months

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

Designation	From	To	Total period	
			Year / Month	
Assistant Professor	17.05.1999	19.09.2008	9 yrs.	4 mths
Associate Professor	20.09.2008	09/01/2022	13 yrs.	3 mths
Professor	09/01/2022	Till date	1 year	2 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: 1/1/22

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

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

Dean (L.T.M.G.H.)

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 Minimal Access Surgery

This to Certify that Dr. Minakshi. A. Gadahire

Has worked in the Department of Department of General Surgery Training Centre as per following details

**A) General Experience:-**

Designation	From	To	Total period	
			Year /	Month
Assistant Professor	07.08.2002 10	16.10.2008	6 yrs.	2 months
Associate Professor	17.10.2008	13/10/2025	14 yrs.	5 months
professor	13/10/2025	Till date		8 months

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

Designation	From	To	Total period	
			Year /	Month
Assistant Professor	07.08.2002 10	16.10.2008	6 yrs.	2 months
Associate Professor	17.10.2008	13/10/2025	14 yrs.	5 months
professor	13/10/2025	Till date		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: / /

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

Sign & Stamp

Dean/Principa/Head of Institute

Date: / /

*M.C.*  
Dean (L.T.M.G.H.)

Name of Inspectors		Signature of Inspectors
1)	Chairman	<i>[Signature]</i>
2)	Member	<i>[Signature]</i>
3)	Member	<i>[Signature]</i>
4)	Member	<i>[Signature]</i>

*[Signature]*

**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 Minimal Access Surgery

This to Certify that Dr. Ranjeet Kamble

Has worked in the Department of Department of General Surgery Training Centre as per following details

**A) General Experience:-**

Designation	From	To	Total period	
			Year	Month
Assistant Professor	22.02.2006	06.01.2017	10 yrs.	11 months
Associate Professor	07.01.2017	Till date	6 yrs.	2 months

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

Designation	From	To	Total period	
			Year	Month
Assistant Professor	22.02.2006	06.01.2017	10 yrs.	11 months
Associate Professor	07.01.2017	Till date	6 yrs.	2 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: 12/2/20

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

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

**Dean (L.T.M.G.H.)**

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 Minimal Access Surgery

This to Certify that Dr. Devbrata Adhikhari

Has worked in the Department of Department of General Surgery Training Centre as per following details

**A) General Experience:-**

Designation	From	To	Total period	
			Year /	Month
Assistant Professor	29.08.2009	18.07.2016	6 yrs.	11 months
Associate Professor	19.07.2016	Till date	6 yrs.	8 months

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

Designation	From	To	Total period	
			Year /	Month
Assistant Professor	29.08.2009	18.07.2016	6 yrs.	11 month
Associate Professor	19.07.2016	Till date	6 yrs.	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: 22/11/16

Dr. S. P. P. P. P.

Professor

Department of Surgery

L.T.M.M. College, Sion,

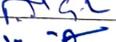
Mumbai - 400 022

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

Dean (L.T.M.M. G.H.)

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



## ANNEXURE- VIII

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....**

(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
01	BODY IMAGING	2013	3	Dr. Anagha Rajeev Joshi & Dr. Jernail Singh Bava
02	DIAGNOSTIC NEURO-RADIOLOGY	2013	2	Dr. Anagha Rajeev Joshi & Dr. Jernail Singh Bava
03	VASCULAR AND INTERVENTIONAL RADIOLOGY	2013	2	DR. Vivek Ukirde
04	MUSCULOSKELETAL IMAGING	2022+23	2	Dr. Ashwini Sonve
05				
06				
07				

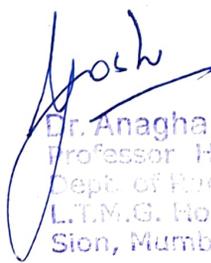
(Attach separate List if necessary)

## 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	Body Imaging (CT & MRI - Chest & Abdomen)	A.Y. 2018-2019	3	3
		A.Y. 2019-2020	3	3
		A.Y. 2020-2021	3	3
		A.Y. 2021-2022	3	3
		A.Y. 2022-2023	3	3
		A.Y. 2023-2024	3	3
2	Diagnostic Neuro-Radiology	A.Y. 2024-2025	3	3
		A.Y. 2018-2019	2	2

*[Signature]*  
Dean (L.T.M.G.H.)

		A.Y. 2019-2020	2	2
		A.Y. 2020-2021	2	2
		A.Y. 2021-2022	2	2
		A.Y. 2022-2023	2	2
		A.Y. 2023-2024	2	2
		A.Y. 2024-2025	2	2
3	Vascular and Interventional Radiology	A.Y. 2018-2019	2	2
		A.Y. 2019-2020	2	2
		A.Y. 2020-2021	2	2
		A.Y. 2021-2022	2	2
		A.Y. 2022-2023	2	2
		A.Y. 2023-2024	2	2
		A.Y. 2024-2025	2	2
4	Musculoskeletal Imaging	A.Y. 2018-2019	0	0
		A.Y. 2019-2020	0	0
		A.Y. 2020-2021	0	0
		A.Y. 2021-2022	0	0
		A.Y. 2022-2023	2	2
		A.Y. 2023-2024	2	2
		A.Y. 2024-2025	2	2

  
 Dr. Anagha R. Joshi  
 Professor Head  
 Dept. of Radiology  
 L.T.M.G. Hospital  
 Sion, Mumbai-22.


  
 06/3/26 H. H. G. L.

  
 Dean (L.T.M.G.H.)

**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 Advanced GI Endoscopy

This to Certify that Dr. Sandhya P Iyer

Has worked in the Department of Department of General Surgery Training Centre as per following details

**A) General Experience:-**

Designation	From	To	Total period	
			Year	Month
Assistant Professor	17.05.1999	19.09.2008	9 yrs.	4 mths
Associate Professor	20.09.2008	09/01/2022	13 yrs.	3 mths
Professor	09/01/2022	Till date	1 year	2 months

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

Designation	From	To	Total period	
			Year	Month
Assistant Professor	17.05.1999	19.09.2008	9 yrs.	4 mths
Associate Professor	20.09.2008	09/01/2022	13 yrs.	3 mths
Professor	09/01/2022	Till date	1 year	2 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: 17/12/22

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

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

**Dean (L.T.M.G.H.)**

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

*[Handwritten signature]*

**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 Advanced GI Endoscopy

This to Certify that **Dr. Prabhakar Subramanian**

Has worked in the Department of Department of General Surgery Training Centre as per following details

**A) General Experience:-**

Designation	From	To	Total period	
			Year	Month
Assistant Professor	09.09.1989	14.02.1995	5 yrs.	5 month
Associate Professor	15.02.1995	07.05.2006	11 yrs.	3 month
Professor	08.05.2006	Till date	16 yrs.	10 month

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

Designation	From	To	Total period	
			Year	Month
Assistant Professor	09.09.1989	14.02.1995	5 yrs.	5 month
Associate Professor	15.02.1995	07.05.2006	11 yrs.	4 month
Professor	08.05.2006	Till date	16 yrs.	10 month

(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: 2/2/20

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

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

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

*(Handwritten signature)*

**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 Advanced GI Endoscopy

This to Certify that Dr. Minakshi. A. Gadahire

Has worked in the Department of Department of General Surgery Training Centre as per following details

**A) General Experience:-**

Designation	From	To	Total period	
			Year /	Month
Assistant Professor	07.08.2002 10	16.10.2008	6 yrs.	2 months
Associate Professor professor	17.10.2008 13/10/2025	13/10/2025 Till date	14 yrs.	5 months 8 months

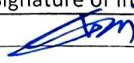
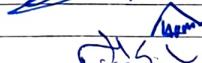
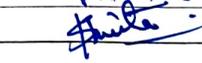
**B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:**

Designation	From	To	Total period	
			Year /	Month
Assistant Professor	07.08.2002 10	16.10.2008	6 yrs.	2 months
Associate Professor professor	17.10.2008 13/10/2025	13/10/2025 Till date	14 yrs.	5 months 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: 12/12/21  
Dr. S. Prabhakar  
Professor & Head  
Department of Surgery  
L.T.M.M. College, Sion,  
Mumbai - 400 022.

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /  
Dean (L.T.M.G.H.)

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



ANNEXURE- VIII-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:- **Fellowship Course in Musculoskeletal imaging**

This to Certify that **Dr Ashwini Rajshekhar Sonve** has worked in the Department of **Radiology**, Lokmanya Tilak Municipal Medical College and Lokmanya Tilak Municipal General Hospital, Sion, Mumbai 400 022 Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor Regular	21.05.2005	28.11.2008	3 years	6 months 7 days
Associate Professor Regular	29.11.2018	28.11.2021	2year	2 months 30 days
Professor Additional Regular	28.11.2021	(Back dated to Till date	4 year	11 months 15 days

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

Designation	From	To	Total period Year/Months	
Assistant Professor Regular	21.05.2005	28.11.2008	3 years	6 months 7 days
Associate Professor Regular	29.11.2018	28.11.2021	2year	2 months 30 days
Professor Additional Regular	28.11.2021	(Back dated to Till date	4 year	11 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  
Date :

Dr. Anagha R. Joshi  
Professor in Head  
Dept. of Radiology  
L.T.M.G. Hospital  
Sion, Mumbai-22.

Sign & Stamp  
Dean (L.T.M.G.H.)  
Dean/Principal/Head of Institute  
Date :

Handwritten signatures and dates: 06/03/26, 06/03/26, and other illegible signatures.

**Information to be submitted with respect to newly appointed mentors**  
**Professional /Teaching Experience Certificate for Fellowship/Certificate Courses**  
**Faculty/Teachers/Consultant/Mentor**

**Title of the Course applied for : Fellowship Course in Diagnostic Neuro-Radiology**

This is to certify that **Dr. Jernailsingh Premsingh Bava** has worked in the Department of Radiology, Lokmanya Tilak Municipal Medical College and Lokmanya Tilak Municipal General Hospital, Sion, Mumbai 400 022 as per following details :

**A) General Experience :**

Designation	From	To	Total period Year / Month	
Assistant Professor (Adhoc)	01.02.2003	22.10.2003	-	8 months 22 days
Assistant Professor (Regular)	23.10.2003	03.03.2011	7 years	4 months 11 days
Associate Professor	04.03.2011	28.02.2014	2 years	11 months 24 days
Professor (Addl.)	01.03.2014	Till date	11 years	11 months 11 days

**B) Actual Experience in the subject of concerned Fellowship / Certificate Course applied for :**

Designation	From	To	Total period Year / Month	
Assistant Professor (Adhoc)	01.02.2003	22.10.2003	-	8 months 22 days
Assistant Professor (Regular)	23.10.2003	03.03.2011	7 years	4 months 11 days
Associate Professor	04.03.2011	28.02.2014	2 years	11 months 24 days
Professor (Addl.)	01.03.2014	Till date	11 years	11 months 11 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**  
**Date :**

Dr. Anagha R. Joshi  
 Professor in Charge  
 Dept. of Radiology  
 L.T.M.G. Hospital  
 Sion, Mumbai-22.

  
**Sign & Stamp**  
**Dean/Principal/Head of Institute**  
**Date :**

**Dean (L.T.M.G.H.)**









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

**Title of the Course applied for : Vascular & Interventional Radiology**

This is to certify that **Dr. Vivek Kisan Ukirde** has worked in the Department of Radiology, Lokmanya Tilak Municipal Medical College and Lokmanya Tilak Municipal General Hospital, Sion, Mumbai 400 022 as per following details :

**A) General Experience :**

Designation	From	To	Total period Year / Month	
Assistant Professor	01.01.2005	25.08.2016	11 years	7 months 25 days
Associate Professor (Adhoc)	26.08.2016	25.02.2019	2 years	2 years 6 months
Associate Professor (Regular)	26.02.2019	25.02.2022	3 years	-
Professor (Additional)	26.02.2022	Till date	3 year	11 months 17 days

**B) Actual Experience in the subject of concerned Fellowship / Certificate Course applied for :**

Designation	From	To	Total period Year / Month	
Assistant Professor	01.01.2005	25.08.2016	11 years	7 months 25 days
Associate Professor (Adhoc)	26.08.2016	25.02.2019	2 years	2 years 6 months
Associate Professor (Regular)	26.02.2019	25.02.2022	3 years	-
Professor (Additional)	26.02.2022	Till date	3 year	11 months 17 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**  
**Date :**

**Dr. Anagha R. Joshi**  
Professor, Head  
Dept. of Radiology  
L.T.M.C. Hospital  
Sion, Mumbai-22.

**Sign & Stamp**  
**Dean/Principal/Head of Institute**  
**Date :**

**Dean (L.T.M.G.H.)**

*[Signature]*

*[Signature]*

*[Signature]*

**FOR FELLOWSHIP/ CERTIFICATE COURSE(S) FOR A.Y.2025-2026**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule/Guidelines)

<b>Date of Inspection</b>	:	
---------------------------	---	--

**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
01	Fellowship in Pediatric Gastroenterology, Hepatology and Nutrition	2013-2014	02	Dr. Prachi Karnik 96194 93323 Dr. Vibhor Borkar 9208659173
02				
03				
04				
05				
06				
07				

(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.2021 –2022	Fellowship in Pediatric Gastroenterology, Hepatology and Nutrition	02	01
2	A.Y.2022 –2023		02	01
3	A.Y.2023 –2024		02	01
4	A.Y.2024 –2025		02	01
5	A.Y.2025 –2026		02	01

**Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for **Fellowship in Pediatric Gastroenterology, Hepatology and Nutrition**  
This to Certify that **Dr. Prachi Karnik** has worked in the Department of **Pediatrics** at **Lokmanya Tilak Municipal Medical College and General Hospital**  
Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	15/01/2013	14/01/2023	10 years	-
Associate Professor (Additional)	15/01/2023	Till date	3 years	1 month

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

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	15/01/2013	14/01/2023	10 years	-
Associate Professor (Additional)	15/01/2023	Till date	3 years	1 month

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

Sign & Stamp  
Head of the Department  
Date: 12/02/23

*Dr. Radha G. Chitambar*  
**DR. RADHA G. CHITAMBAR**  
Prof. & Head  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SIGN. NUMBER: 17022

*Dr. Prachi Karnik*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 12/02/23

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

## Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for **Fellowship in Pediatric Gastroenterology, Hepatology and Nutrition**  
This to Certify that **Dr. Vibhor Borkar** has worked in the Department of Pediatrics at **Lokmanya Tilak Municipal Medical College and General Hospital**  
Training Centre as per following details

### C) General Experience

Designation	From	To	Total period Year/Months	
			Year	Months
Visiting Consultant	10/11/2015	12/11/2018	3 years	0 months
Visiting Consultant	30/07/2019	30/07/2020	1 year	0 months
Visiting Consultant	01/02/2021	Till Date	5 years	0 months

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

Designation	From	To	Total period Year/Months	
			Year	Months
Visiting Consultant	10/11/2015	12/11/2018	3 years	0 months
Visiting Consultant	30/07/2019	30/07/2020	1 year	0 months
Visiting Consultant	01/02/2021	Till Date	5 years	0 months

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

Sign & Stamp   
Head of the Department  
Date: 12/10/2026  
DR. RADHA G. GHILDIYAL  
Dept of F  
L. T. M. M. C. &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

Sign & Stamp   
Date: / /  
Dean (L.T.M.G.H.)

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



BRIHANMUMBAI MAHANAGARPALIKA  
 LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
 AND  
 LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
 SION, MUMBAI-400 022.  
 Email ID: [stenodeanl@gmail.com](mailto:stenodeanl@gmail.com), [dean.ltmg@mcgm.gov.in](mailto:dean.ltmg@mcgm.gov.in),



No. LTH/ /Dean(L), Date :

**CERTIFICATE  
 POST - HOLDING CERTIFICATE**

This is to certify that as per this office records Dr. Anila D. Malde Working as Professor & Head in Department of Anaesthesiology, at this Institute.

Dr. Anila D. Malde has worked in following capacity

**A) General Experience**

Designation	From	To	Total Period	
			Years	Months
Non Qualified Lecturer Anaesthesiology	02/11/1989	30/06/1990		8 months
Qualified Lecturer Anaesthesiology	01/07/1990	02/05/1994	3 Years	10 months
Senior Lecturer Anaesthesiology	03/05/1994	04/08/1995	1 Year	03 months
Associate Professor Anaesthesiology	05/08/1995	23/08/2006	11 Years	19 days
Professor Anaesthesiology	24/08/2006	30-09-2017	11 Years	1 month 07 days
Professor & Head, Anaesthesiology	01/10/2017	Till date	8 years	3 months 13 days
<b>Total</b>			<b>36 years</b>	<b>3 months 9days</b>

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

Designation	From	To	Total Period (Year / months)	
			Professor & Head, Anaesthesiology	01/10/2017
Professor	24/08/2006	30/09/2017	11 years	1month 7 days
Associate Professor Anaesthesiology	01/01/2006	23/08/2006		8 months
	01/07/1999	31/12/1999		6 months
	05/08/1995	31/12/1995		5 months
Senior Lecturer Anaesthesiology	01/07/1995	04/08/1995		1 month
<b>Total</b>			<b>21 years</b>	<b>1 month 20 days</b>

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

Malde Anila D

Sign & Stamp  
 Head of the Department  
 Date: 23.02.2026

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

Sign. & Stamp  
 28 FEB 2026  
 Dean/Principal/Head of Institute  
 Date:

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

MUHS Inspector

MUHS Inspector

MUHS

06/03/26



**BRIHANMUMBAI MAHANAGARPALIKA  
LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
AND  
LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
SION, MUMBAI-400 022.**  
Email ID: [stenodean@gmail.com](mailto:stenodean@gmail.com), [dean.ltmg@mcgm.gov.in](mailto:dean.ltmg@mcgm.gov.in),



No. LTH/ /Dean(L), Date :

### CERTIFICATE POST - HOLDING CERTIFICATE

This is to certify that as per this office records Dr. MANISH B. KOTWANI Working as Addl. Professor in Department of Anaesthesiology, at this Institute.

Dr. MANISH B. KOTWANI has worked in following capacity

**(A) General Experience:**

Designation	From	To	Total period (Year & month)
Assistant Professor	03/10/2007	9/01/2017	10 Yrs 3 months 6 days
Associate Professor	10/01/2017	Till Date	08 Yrs
<b>Total</b>			<b>18 Yrs, 4 Months</b>

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

Designation	From	To	Total Experience	
			Years	Months
<b>Assistant Professor</b>				
Uroplastic OT	03/10/2007	02/02/2008	1 year	2 months 18 days
	02/08/2010	01/01/2011		
	05/07/2012	01/08/2012		
	01/05/2013	05/06/2013		
ENT OT	03/02/2008	01/06/2008		11 months
	02/01/2009	06/06/2009		
	02/07/2013	03/09/2013		
Ortho OT	02/06/2008	03/10/2008	1 year	9 months
	05/04/2011	01/07/2011		
	01/06/2013	31/07/2013		
	01/01/2016	09/01/2017		
Radio/GI	02/07/2011	01/12/2011		7 months
Neuro Surg. OT	04/10/2008	01/01/2009		9 months
	02/12/2011	04/07/2012		5 months
Cardiac OT/CathLab	03/03/2010	01/08/2010		4 months
Paediatric Surg. OT	02/01/2011	04/04/2011		
	06/06/2013	01/07/2013		
<b>Associate Professor</b>				
Paediatric Surg. OT	1/02/2019	17/02/2020	1 year	3 months 15 days
	04/06/2020	19/07/2020		
Neuro Surg. OT	18/02/2020	03/06/2020	1 year	3 months
	20/07/2020	30/06/2021		
ENT OT	01/07/2021	1/07/2022	1 year	
EMS & Trauma	01/07/2023	30/06/2022	1 year	
Urology OT	01/07/2024	Till date		06 months
PDFC in Paediatric Anaesthesia	From 1/08/ 2012 to 31/07/2013			1 year
<b>TOTAL EXPERIENCE</b>			<b>12 Yrs</b>	

(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: 23.02.2026

Head of Department

Dept. of Anaesthesiology

Lokmanya Tilak Municipal Medical College  
Sion-02

Sign. & Stamp  
Dean/Principal/Head of Institute  
Date:

DEAN

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

28 FEB 2026

*(Handwritten signatures and initials)*



**BRIHANMUMBAI MAHANAGARPALIKA  
LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
AND  
LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
SION, MUMBAI-400 022.**  
Email ID: [stenodeanl@gmail.com](mailto:stenodeanl@gmail.com), [dean.ltmcg@mcgm.gov.in](mailto:dean.ltmcg@mcgm.gov.in),



No. LTH/ /Dean(L), Date :

**CERTIFICATE  
POST - HOLDING CERTIFICATE**

This is to certify that as per this office records Dr. DEVENDRA W. THAKARE Working as Addl. Professor in Department of Anaesthesiology, at this Institute.

Dr. DEVENDRA W. THAKARE has worked in following capacity

(A) General Experience:

Designation	From	To	Total period-Year & month
Assistant Professor	05/12/2008	17/02/2021	13 years 2 months 12 days
Associate Professor (Regular)	18/02/2021	Till date	3 years 11 months
<b>Total</b>			<b>17 years 1 month</b>

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

Designation	From	To	Total period - Year / Month	
<b>Assistant Professor</b>				
Paediatric OT	01/02/2009	30/04/2009	1 year	1 month
	01/06/2012	31/07/2012		
	01/05/2018	31/07/2018		
Uroplastic OT	01/11/2018	31/03/2019	9 months	
	01/02/2010	31/03/2010		
	01/03/2013	30/04/2013		
ENT OT	01/08/2019	31/12/2019	5 months	
	01/08/2011	30/09/2011		
	01/07/2014	30/09/2014		
Ortho OT	01/05/2011	31/07/2011	5 months	
	01/08/2013	30/09/2013		
Radio/GI	01/08/2013	30/09/2013	10 months	
CVTS OT/Cath Lab	01/09/2016	30/06/2017		
	01/07/2010	31/08/2010	4 months	
Neuro Surg. OT	01/08/2012	30/09/2012		
	01/12/2011	31/01/2012	4 months	
EMS/ Trauma	01/04/2015	30/05/2015		
	01/01/2020	30/06/2021	1 year	6 months
<b>Associate Professor</b>				
Uroplastic OT	01/07/2022	30/06/2023	1 Year	
CVTS OT/Cath Lab	01/07/2023	30/06/2024	1 year	
Neuro Surg. OT	01/07/2024	Till date		6 months
<b>Postdoctoral Fellowship Course in Paediatric Anaesthesia</b>				
Paediatric OT	01/08/2015	31/08/2016	1 year	1 month
<b>TOTAL EXPERIENCE</b>			<b>10 years</b>	<b>11 months</b>

(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: 22.02.2026

Sign. & Stamp  
Dean/Principal/Head of Institute  
Date: 28 FEB 2026

Head of Department  
Dept. of Anaesthesiology

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

MUGB Inspector Sion-22

DR SANJAY D JAYAV DR CAVALDIWAY DR PRADEEP KAL DR S.M.TA PANSSE



**BRIHANMUMBAI MAHANAGARPALIKA  
LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
AND  
LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
SION, MUMBAI-400 022.  
Email ID: [stenodeanl@gmail.com](mailto:stenodeanl@gmail.com), [dean.ltmg@mcgm.gov.in](mailto:dean.ltmg@mcgm.gov.in),**



**No. LTH/ /Dean(L), Date :**

**CERTIFICATE  
POST - HOLDING CERTIFICATE**

**This is to certify that as per this office records Dr. Shakuntala Nanikram Basantwani Working as Addl. Professor in Department of Anaesthesiology, at this Institute.**

**Dr. Shakuntala Nanikram Basantwani has worked in following capacity**

A) General Experience:				
Designation	From	To	Total Period (Yrs.& Months)	
Non Qualified Lecturer Anaesthesiology	01/08/1998	31/07/1999	1year	
Qualified Lecturer Anaesthesiology (Adhoc)	21/04/2001	24/08/2003	2years	4months
Qualified Lecturer Anaesthesiology (Regular)	25/08/2003	18/05/2009	5 years	9 months
Associate Professor Anaesthesiology (Adhoc)	19/05/2009	27/12/2015	6 years	7months
Associate Professor Anaesthesiology (Regular)	28/12/2015	28/12/2018	3 years	
Additional Professor Anaesthesiology	28/12/2018	Till date	7 years	
<b>Total</b>			<b>25years</b>	<b>8months</b>

B) Experience in the Subject of concerned Fellowship/Certificate Course:				
Designation	From	To	Total Period (Yrs. & Months)	
Associate Professor Anaesthesiology	01/08/2013	Till date	12yrs	2months
Lecturer Anaesthesiology	01/09/2004	31/12/2004		3month
<b>Total</b>			<b>12years</b>	<b>5months</b>

**(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 of *Head of Dept*  
Head of Dept

Sign. & Stamp of *[Signature]*  
Dean/Principal/Head of Institute **28 FEB 2020**

Date : *23.02.2020*  
Head of Department  
Dept. of Anaesthesiology

Date : **DEAN**  
**Lokmanya Tilak Municipal General  
Hospital & Medical College,  
Sion, Mumbai - 400 022.**

*[Signatures]*  
DR SANDHYA D JADAV DR GAURI BILAWAR DR PRADIP LAL DR SMITA PANSSE



BRIHANMUMBAI MAHANAGARPALIKA  
 LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
 AND  
 LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
 SION, MUMBAI-400 022.  
 Email ID: [stenodeanl@gmail.com](mailto:stenodeanl@gmail.com), [dean.ltmg@mcgm.gov.in](mailto:dean.ltmg@mcgm.gov.in),



No. LTH/ /Dean(L), Date :

**CERTIFICATE  
 POST - HOLDING CERTIFICATE**

This is to certify that as per this office records Dr. Nazmeen I. Sayed Working as Addl. Professor in Department of Anaesthesiology, at this Institute.

Dr. Nazmeen I. Sayed has worked in following capacity

**General Experience**

Designation	From	To	Total period Year/Months	
Assistant professor	08/07/2008	09/01/2017	8	6
Adhoc Associate professor	10/01/2017	4/9/2023	6	8
Regular associate professor	5/9/2023	10/01/2025	1	4
Additional professor	10/01/2025	till date		
Total			17	6

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

Designation	From	To	Total period Year /Months	
Fellow in Cardiovascular Anaesthesia	01/02/2020	30/06/2021	1	5
Associate Professor Anaesthesia	10/01/2017	31/01/2018	1	1
Assistant Anaesthesia	3/2007	5/2007	1	2
	1/4/2012	30/9/2012		6
	1/9/2013	30/4/2014		8
	1/11/2015	09/01/2017		2
Total			5	0

(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 *Handwritten Signature*  
 Head of the Department  
 Institute

Date : 23/02/2026  
 Head of Department  
 Dept. of Anaesthesiology  
 L.T.M.M.C./L.T.M.G.H

*Handwritten Signature*  
 MCH Inspector

Sign & Stamp *Handwritten Signature*  
 Dean/Principal/Head of  
 28 FEB 2026

Date: / /  
**DEAN**  
 Lokmanya Tilak Municipal General  
 Hospital & Medical College,  
 Sion, Mumbai - 400 022.

*Handwritten Signatures*  
 DR SANJOY JADHAV DR GAURI KUMAR DR PRADIP LAL DR SMITA RANCE



BRIHANMUMBAI MAHANAGARPALIKA  
 LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
 AND  
 LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
 SION, MUMBAI-400 022.  
 Email ID: [stenodean@gmail.com](mailto:stenodean@gmail.com), [dean.ltmg@mcgm.gov.in](mailto:dean.ltmg@mcgm.gov.in),



No. LTH/ /Dean(L), Date :

**CERTIFICATE  
 POST - HOLDING CERTIFICATE**

This is to certify that as per this office records Dr. Devangi Parikh Working as Addl. Professor in Department of Anaesthesiology, at this Institute.

Dr. Devangi Parikh has worked in following capacity

(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	11/2/ 2026	14 months
<b>Total</b>			<b>19Years 4months</b>

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

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

Sign & Rubber Stamp *Steno de Anes*  
 Head of the Department *Head of Department*  
 Date: *23.02.2026* Dept. of Anaesthesiology  
 L.T.M.M.C./L.T.M.G.H

Sign. & Rubber Stamp  
 Head of Institute  
 Date:

Remarks of LIC Committee  
 Accordingly, the aforesaid teacher is **"\*ELIGIBLE/NOT ELIGIBLE"** to conduct said course  
 Date Signature of LIC Member Name:

*28 FEB 2026*

DEAN

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

*MHCL Inspector*  
*DR. SANJAY JADAV DR. CLARA DIVYAN DR. PEADAR LAL DE SMITA PATIL*



**BRIHANMUMBAI MAHANAGARPALIKA  
LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
AND  
LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
SION, MUMBAI-400 022.**  
Email ID: [stenodean@gmail.com](mailto:stenodean@gmail.com), [dean.ltmg@mcgm.gov.in](mailto:dean.ltmg@mcgm.gov.in),



No. LTH/ /Dean(L), Date :

**CERTIFICATE  
POST - HOLDING CERTIFICATE**

This is to certify that as per this office records Dr. Shruti Patil Working as Addl. Associate Professor in Department of Anaesthesiology, at this Institute.

Dr. Shruti Patil has worked in following capacity

**(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>12Years 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	18months
	01/6/2015	31/8/2015	
	01/06/2017	30/11/2017	
	03/01/2022	30/01/2022	
	6/6/2025	Till date	
UROLOGY OT	31/12/2018	02/06/2019	6months
PLASTIC OT	03/06/22	30/06/2023	1 year 1month
ORTHO PAEDIC 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	1 YR 6months
	20/6/2024	5/6/2025	
	2/06/2024	1/01/2025	
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	
	01/07/2013	28/10/2013	
GYNAEC OT	03/06/2019	27/10/2019	10months
	29/04/2022	18/05/2022	
	01/12/2017	30/11/2018	
PDFC Regional Anaesthesia	01/12/2017	30/11/2018	1 year
<b>Total</b>			<b>10years 8 months</b>

Sign & Rubber Stamp

Head of the Department

Date: 23.02.2026

Head of Department  
Dept. of Anaesthesiology  
L.T.M.M.C./L.T.M.G.H  
Sion

Sign. & Rubber Stamp

Head of Institute

Date:

*[Signature]*

**Remarks of LIC Committee**

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

Date

Signature of LIC Member Name:

28 FEB 2026

DEAN

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

*[Signatures]*  
DR SANJAY D JADHAV  
DR CAHRI RADHAN

DR PRADEEP LAL

DR SMITA PARS



BRIHANMUMBAI MAHANAGARPALIKA  
 LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
 AND  
 LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
 SION, MUMBAI-400 022.  
 Email ID: [stenodeanl@gmail.com](mailto:stenodeanl@gmail.com), [dean.ltmg@mcgm.gov.in](mailto:dean.ltmg@mcgm.gov.in),



No. LTH/ /Dean(L), Date :

**CERTIFICATE  
 POST - HOLDING CERTIFICATE**

This is to certify that as per this office records Dr. APARNA ASHAY NERURKAR Working as Addl. Professor in Department of Anaesthesiology, at this Institute.

Dr. APARNA ASHAY NERURKAR has worked in following capacity

A) General Experience:-

Designation	From	To	Total period Year / Month	
Assistant Professor (TNMC)	12/08/1999	29/09/2006	7 years	1 month
Associate Professor(Adhoc)	30/09/2006	31/05/2010	3 years	8 months
Associate Professor (Regular)	01/06/2010	31/05/2013	3 years	
Additional Professor	01/06/2013	Till Date	12 years	7 months
<b>Total</b>			<b>26 years</b>	<b>4 month</b>

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

Designation	From	To	Total period Year / Month	
Addl. Professor SOT & SOTRR EMS & E Ward EMS & E Ward	16/02/2022	till date	4 year	0 months
	06/02/2018	15/02/2022	4yrs	
	01/06/2013	12/07/2013		1 month
Associate Professor SOT & SOTRR EMS & E Ward	01/02/2011	31/01/2012	1year	
	01/02/2013	31/05/2013		3 months
<b>Total</b>			<b>9years</b>	<b>4 months</b>

Sign &Rubber Stamp

Head of the Department *Head of Department*

Date: *23.02.2026* *Dept. of Anaesthesiology*  
*L.T.M.M.C./L.T.M.G.H*

Sign. & Rubber Stamp

Head of Institute

Date:

*28 FEB 2026*

Name of Inspectors		Signature of Inspectors
1)	Chairman	<i>DEAN</i>
2)	Member	<i>Lokmanya Tilak Municipal General</i>
3)	Member	<i>Hospital &amp; Medical College,</i>
4)	Member	<i>Sion, Mumbai-400 022</i>

*Dr. Sanjay D. Jadhav*

*Medical Inspectors*

*Dr. Pradeep*

*Dr. Pradeep*

*Dr. Pradeep*

*Dr. Smrita Panse*

*DR. SANJAY D. JADHAV CSR CLERK, PRADIP*

*DR. PRADIPAL*

*DR. SMRITA PANSE*



**BRIHANMUMBAI MAHANAGAR PALIKA  
LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
AND  
LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
SION, MUMBAI-400 022.**

Email ID: [stnodeanl@gmail.com](mailto:stnodeanl@gmail.com), [dean.ltmg@mcmgm.gov.in](mailto:dean.ltmg@mcmgm.gov.in),



No. LTH/ /Dean(L), Date :

**CERTIFICATE  
POST - HOLDING CERTIFICATE**

This is to certify that as per this office records Dr. Deepali Thakur Working as Addl. Professor in Department of Anaesthesiology, at this Institute.

Dr. Deepali Thakur has worked in following capacity

A) General Experience:-

Designation	From	To	Total period Year / Month	
Assistant Professor	24/08/2006	24/10/2011	5yrs	2 months
Associate Professor (Adhoc)	25/10/2011	08/02/2021	10yrs	3 months
Associate Professor (Regular)	09/02/2021	Till date	5yrs	
<b>Total</b>			<b>20 Years</b>	<b>5 months</b>

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

Designation	From	To	Total Experience	
			Years	Months
<b>Assistant Professor</b>				
Surg. OT/ PACU/ SICU	01/06/2006	04/08/2006		8 Months
	01/01/2010	01/06/2011		
EMS /Trauma ICU	04/01/2009	02/07/2009		6 Months
<b>Associate Professor (Adhoc)</b>				
Surg. OT/ PACU/ SICU	1/02/2011	30/06/2012	1 Year	
	01/07/2012	31/01/2013		
EMS /Trauma ICU	01/02/2016	31/01/2020	4 Year	
Cardiac OT/CathLab/	01/02/2012	30/06/2012	1 Year	
	01/02/2013	01/06/2013		
Neuro Surg. OT	02/6/2013	29/06/2014	1 Year	
<b>Associate Professor (Regular)</b>				
Surg. OT/ PACU/ SICU	2/03/2020	30/06/2022	2 years	5 months
Neurosurg. OT/ NeuroICU	01/07/2022	30/06/2023		9 Months
EMS /Trauma ICU	01/07/2024	Till date	1 year	7 months
<b>Total Experience</b>			<b>13 years</b>	<b>7 months</b>
<b>3 Certificate course in critical (ISCCM)</b>		<b>From 1/04 / 2022 to 31/09/2022</b>		<b>6 Months</b>

Sign & Rubber Stamp *Dr. Deepali Thakur*  
Head of the Department  
Date: 23.02.2026

Sign. & Rubber Stamp *[Signature]*  
Head of Institute  
Date: 28 FEB 2026

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

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

*MUMS inspectors*  
*[Signatures]*  
DR. SANGHVI DADHAR DR. CAHRA PAROHAR DR. SINGHA PANSSE



**BRIHANMUMBAI MAHANAGARPALIKA  
LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
AND  
LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
SION, MUMBAI-400 022.  
Email ID: [stenodeanl@gmail.com](mailto:stenodeanl@gmail.com), [dean.ltmg@mcmgm.gov.in](mailto:dean.ltmg@mcmgm.gov.in),**



**No. LTH/ /Dean(L), Date :**

**CERTIFICATE  
POST - HOLDING CERTIFICATE**

This is to certify that as per this office records Dr. Urvi Desai Working as Addl. Professor in Department of Anaesthesiology, at this Institute.

Dr. Urvi Desai has worked in following capacity

**A) General Experience:-**

Designation	From	To	Total period
Lecturer Anaesthesiology	05/08/2008	09/01/2017	8yrs 5 months
Associate Professor anaesthesiology	10/1/2017	Till date	9 yrs 1 month
<b>TOTAL</b>			<b>17 yrs 6 months</b>

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

Designation	From	To	Total period
Associate Professor SOT/SOTRR Trauma ICU	01/02/2019	30/06/2021	2yrs 6 months 4 months
Trauma ICU	01/07/2023	30/06/2024	1 year
SOTRR/PCCU	01/07/2024	01/08/2025	1 year 1 month
Lecturer SOT/SOTRR	05/08/2008 EMS 01/06/2009 01/02/2010 01/02/2011	06/09/2008 EMS 31/09/2009 30/07/2010 31/07/2011	2yrs 9 months
FMS	01/05/2013 01/07/2013	30/06/2013 31/04/2014	
<b>TOTAL</b>			<b>7 years 8months</b>

Sign & Rubber Stamp *made also*  
Head of the Department *Head of Department*  
Date: *23.02.2026* Dept. of Anaesthesiology

Sign. & Rubber Stamp  
Head of Institute  
Date:

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

**28 Feb 2026**

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

*Dr. Sanjay Jadhav* *Dr. Anurag Patil* *Dr. Pradeep Ch.*  
*Dr. Smita Patil*



**BRIHANMUMBAI MAHANAGARPALIKA  
LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE  
AND  
LOKMANYA TILAK MUNICIPAL GENERAL HOSPITAL  
SION, MUMBAI-400 022.**  
Email ID: [stenodeanl@gmail.com](mailto:stenodeanl@gmail.com), [dean.ltmg@mcgm.gov.in](mailto:dean.ltmg@mcgm.gov.in),



No. LTH/ /Dean(L), Date :

**CERTIFICATE  
POST - HOLDING CERTIFICATE**

This is to certify that as per this office records Dr. Shweta Pravin Mhambrey Working as Addl. Professor in Department of Anaesthesiology, at this Institute.

Dr. Shweta Pravin Mhambrey has worked in following capacity

A) General Experience:-

Designation	From	To	Total period Year / Month	
Assistant Professor Anaesthesiology	22/06/2011	21/06/2022	11 years	0 months
Associate Professor (Addl)	22/06/2022	Till date	3 years	6 months
<b>Total</b>			<b>14 years</b>	<b>6 months</b>

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

Designation	From	To	Total period Year / Month	
Asst. Professor anaesthesiology				
Trauma ICU	07/04/2012	01/12/2012	8months	
Trauma ICU	02/01/2013	30/10/2013	9months	
Cardiac OT & ICU	30/11/2013	28/02/2015	15months	
Trauma ICU	01/03/2015	31/01/2016	10months	
PACU	01/03/2017	08/07/2017	4months	
PACU	01/09/2017	31/10/2018	13month	
Trauma ICU	02/01/2019	03/06/2020	17months	
Associate Professor ICU	01/07/2023	31/05/2024	10 months	
<b>Total</b>			<b>7 years</b>	<b>2 months</b>

Sign & Rubber Stamp *made Aml ?*  
Head of the Department  
Date: 23-02-2026  
Dep: Anaesthesiology  
LTMCG/LTMGH

Sign. & Rubber Stamp  
Head of Institute  
Date: 28 FEB 2026

Name of Inspectors	Signature of Inspectors
1) Chairman	<b>DEAN</b>
2) Member	<b>Lokmanya Tilak Municipal General</b>
3) Member	<b>Hospital &amp; Medical College,</b>
4) Member	<b>Sion, Mumbai - 400 022.</b>

*Muth Inspectors*  
*Dr. Gauri Pradhan*  
*Dr. Smriti Pansare*

*Dr. Pradeep G. G. G.*

## ANNEXURE-VIII

**FOR FELLOWSHIP/ CERTIFICATE COURSE(S) FOR A.Y.2025-2026**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule/Guidelines)

<b>Date of Inspection</b> :	
-----------------------------	--

**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
01	Fellowship course in Pediatric Hematology Oncology	2009 -10	02	Dr. Sujata Sharma 9869430035
02				
03				

(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.2021 –2022	Fellowship course in Pediatric Hematology Oncology.	02	02
2	A.Y.2022 –2023		02	00
3	A.Y.2023 –2024		02	00
4	A.Y.2024 –2025		02	00
5	A.Y.2025 –2026		02	01

*Radhag*  
**DR. RADHA G. GHILDYAL**  
 Prof. & Head.  
 Dept of Pediatrics  
 L. T. M. M. COLLEGE &  
 L. T. M. G. HOSPITAL  
 SION, MUMBAI - 400022

*Me*

**Dean (L.T.M.G.H.)**

## Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

**Title of the course applied for : Fellowship course in Pediatric Hematology-Oncology.**

This is to Certify that Dr. Sujata Sharma has worked in the Department of Pediatrics, LTMMC & LTMGH, Sion, Mumbai -400 022, Training Centre as per following details

**A) General Experience :-**

Designation	From	To	Total Period	
			Year	Month
Assistant Professor	March 2008	January 2017	8 years	10 months
Associate Professor	January 2016	Till date	10 years	01 month

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

Designation	From	To	Total Period	
			Year	Month
Associate Professor	March 2008	Till date	17 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** *R. Ghildiyal*  
**Head of the Department**  
**Date : 12-2-26**

**DR. RADHA G. GHILDIYAL**  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

**Sign & Stamp**  
**Dean/Principal/Head of**  
**Date :**

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

*R. Ghildiyal*  
**DR. RADHA G. GHILDIYAL**  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

*Ms*  
**Dean (L.T.M.G.H.)**

**FOR FELLOWSHIP/ CERTIFICATE COURSE(S) FOR A.Y.2025-2026**

(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
01	Fellowship in Pediatric Critical care	1992	2	Dr Sanjeevani Masavkar, 9869243451 Dr Savita Khadse, 9819376973
02				
03				
04				
05				
06				
07				

(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.2021 –2022	Fellowship in Pediatric Intensive Care	2	1
2	A.Y.2022–2023	Nil	2	0
3	A.Y.2023–2024	Nil	2	0
4	A.Y.2024 –2025	Nil	2	0
5	A.Y.2025–2026	Nil	2	0

*Dr. Radha G. Ghildiyal*

DR. RADHA G. GHILDIYAL  
Prof. & Head.  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

Page 10 of 10

*Dr. L. J. M. G. H.*  
Dean (L.T.M.G.H.)

## Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied or:- **Fellowship in Pediatric Intensive Care**

This to Certify that Dr.Sanjeevani Satish Masavkar has been

Worked in the Department of Pediatrics, Training Centre as per following details

### A) General Experience :-

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant professor	27/05/2005	16/07/2015	10years	2 months
Associate professor	17/07/2015	16/07/2018	3years	
Professor (Addl)	17/07/2018	Till date	7 years	7 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	27/05/2005	16/07/2015	10years	2months
Associate professor	17/07/2015	16/07/2018	3 years	
Professor (Addl)	17/07/2018	Till date	7years	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

*Dr. Radha G. Ghildiyal*

Head of the Department

Date: 12 / 07 / 26

**DR. RADHA G. GHILDIYAL**  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

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

*Dr. Radha G. Ghildiyal*  
**DR. RADHA G. GHILDIYAL**  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

*Dr. L. T. M. G. H.*  
**Dean (L. T. M. G. H.)**

## Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for: **-Fellowship in Pediatric Intensive Care**  
This to Certify that Dr.Savita Haribhau Khadse has been worked in the Department of Pediatrics ,Training Centre as per following details

### A) General Experience

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant professor	13/11/2014	12/11/2024	10years	-
Associate professor(Addl)	13/11/2024	Till date	1year	3months

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

:-

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant professor	13/11/2014	12/11/2024	10years	-
Associate professor ( Addl)	13/11/2024	Till date	1year	3 months

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

Sign &Stamp  
Head of the Department  
Date: 12/02/26

*Dr. Radha G. Ghildiyal*  
**DR. RADHA G. GHILDIYAL**  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
MUMBAI - 400022

Sign &Stamp  
Dean/Principal/Head of Institute  
Date: / /

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

*Dr. Radha G. Ghildiyal*  
**DR. RADHA G. GHILDIYAL**  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

*Dr. Radha G. Ghildiyal*  
**Dean (L.T.M.G.H.)**

FOR FELLOWSHIP/ CERTIFICATE COURSE(S) FOR A.Y.2025-2026.

(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
01	Fellowship in Learning Disability and Neuro-Developmental Pediatrics	2013	Two	1) Dr Mona Gajre 9820407240 2) Dr Arpita Adhikari 9870106737
02	Fellowship in Pediatric Neurology and Epilepsy	2013	Two	1)Dr Mona Gajre 9820407240 2)Dr Arpita Adhikari 9870106737
03				
04				
05				
06				
07				

(Attach separate List if necessary)

## 2. Year-wisenumerofstudentsadmittedtoFellowship/Certificatecourseduringlast5years

Sr. No.	Academic Year	Name of Fellowship/ Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y.2021-2022	Fellowship in Learning Disability and Neuro-Developmental Pediatrics	Two	Nil
2	A.Y.2022-2023	Fellowship in Learning Disability and Neuro-Developmental Pediatrics	Two	One

Dr. Radha G. Ghildiyal  
Dean (L.T.M.G.H.)

Dr. Radha G. Ghildiyal  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION MUMBAI - 400022

3	A.Y.2023 –2024	Fellowship in Learning Disability and Neuro-Developmental Pediatrics	Two	One
4	A.Y.2024. –2025	Fellowship in Learning Disability and Neuro-Developmental Pediatrics	Two	Nil
5	A.Y.2025 –2026	Fellowship in Learning Disability and Neuro-Developmental Pediatrics	Two	One

Sr. No.	Academic Year	Name of Fellowship/ Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y.2021–2022	Fellowship in Pediatric Neurology and Epilepsy	Two	One
2	A.Y.2022–2023	Fellowship in Pediatric Neurology and Epilepsy	Two	Two
3	A.Y.2023 –2024	Fellowship in Pediatric Neurology and Epilepsy	Two	Two
4	A.Y.2024. –2025	Fellowship in Pediatric Neurology and Epilepsy	Two	Two
5	A.Y.2025 –2026	Fellowship in Pediatric Neurology and Epilepsy	Two	Nil

*Radha G. Ghildiyal*

**DR. RADHA G. GHILDIYAL**  
 Prof. & Head.  
 Dept of Pediatrics  
 L. T. M. M. COLLEGE &  
 L. T. M. G. HOSPITAL  
 SION, MUMBAI - 400022

*[Signature]*

**Dean (L.T.M.G.H.)**

**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 Pediatric Neurology and Epilepsy .....

This to Certify that Dr. Mona Gajre .....has  
worked in the Department of.....Pediatrics.....Training Centre as per following  
details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	06.10.2000	31.09.2008	8 Years	0
Associate Professor	01.10.2008	25.11.2012	4 Years	2 months
Professor	26.11.2012	Till date	13 Years	3 months

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

Designation	From	To	Total period Year/Months	
Assistant Professor	06.10.2000	31.09.2008	8 Years	0
Associate Professor	01.10.2008	25.11.2012	4 Years	2 months
Professor	26.11.2012	Till date	13 Years	3 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: 12/02/26

*Dr. Radha G. Ghildiyal*  
DR. RADHA G. GHILDIYAL  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

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

*Dr. Radha G. Ghildiyal*  
DR. RADHA G. GHILDIYAL  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

*Dr. Radha G. Ghildiyal*  
Dean (L. T. M. G. H.)

**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 Pediatric Neurology and Epilepsy

This to Certify that Dr. Arpita Adhikari has worked in the Department of.....Pediatrics.....Training Centre as per following details

**C) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	08.10.2007	09.01.2017	9 Years	3 months
Associate Professor	10.01.2017	Till date	9 Years	1 months

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

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	08.10.2007	09.01.2017	9 Years	3 months
Associate Professor	10.01.2017	Till date	9 Years	1 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 *Arpita Adhikari* DR. RADHA G. GHILDIYAL  
Head of the Department Prof. & Head.  
Date: 12/02/26 Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SIGN. MUMBAI - 400022

Sign & Stamp *(Signature)* (M.G.H.)  
Date: / /  
Dean/Principal/Head of Institute

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

*Arpita Adhikari*  
DR. RADHA G. GHILDIYAL  
Prof. & Head.  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SIGN. MUMBAI - 400022

SIGN HERE

**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 Learning Disability and Neuro-Developmental Pediatrics .....

This to Certify that Dr.Mona Gajre has worked in the Department of.....Pediatrics.....Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	06.10.2000	31.09.2008	8 Years	0
Associate Professor	01.10.2008	25.11.2012	4 Years	2 months
Professor	26.11.2012	Till date	13 Years	3 months

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

Designation	From	To	Total period Year/Months	
Assistant Professor	06.10.2000	31.09.2008	8 Years	0
Associate Professor	01.10.2008	25.11.2012	4 Years	2 months
Professor	26.11.2012	Till date	13 Years	3 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: 12 / 12 / 26

*Radha G. Ghildiyal*  
**DR. RADHA G. GHILDIYAL**  
Prof. & Head.  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

Sign & Stamp  
Date: / /

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

*Radha G. Ghildiyal*  
**DR. RADHA G. GHILDIYAL**  
Prof. & Head.  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

**Information to be submitted with respect to newly appointed mentors**  
**Professional Teaching Experience Certificate for Fellowship/Certificate Course  
s Director/Mentor**

Title of the Course applied for:-..... Fellowship in Learning Disability and Neuro-Developmental Pediatrics .....

This to Certify that Dr. Arpita Adhikari has worked in the Department of.....Pediatrics.....Training Centre as per following details

**C) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	08.10.2007	09.01.2017	9 Years	3 months
Associate Professor	10.01.2017	Till date	9 Years	1 months

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

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	08.10.2007	09.01.2017	9 Years	3 months
Associate Professor	10.01.2017	Till date	9 Years	1 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 *Arpita Adhikari*  
Head of the Department  
Date: 12/02/26

**DR. RADHA G. GHILDIYAL**  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

Sign & Stamp *Arpita Adhikari*  
Dean/Principal/Head of Institute  
Date: *12/02/26*

*Arpita Adhikari*  
**Dean (L.T.M.G.H.)**

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

*Arpita Adhikari*

**DR. RADHA G. GHILDIYAL**  
Prof. & Head,  
Dept of Pediatrics  
L. T. M. M. COLLEGE &  
L. T. M. G. HOSPITAL  
SION, MUMBAI - 400022

**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 Neonatology

This to Certify that Dr. Swati Amol Manerkar has worked in the Department of Neonatology Training Centre as per following details

**C) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor, Neonatology(Adhoc)	5.12.2008	31.12.2012	4 years	4 years
Assistant Professor, Neonatology(Regular)	1.1.2013	31.12.2016	4 years	4 years
Associate Professor, Neonatology(Regular)	1.1.2017	14.10.2022	5 year	10 months
Professor, Neonatology(Adhoc)	15.10.2022	Till date	3 year	3 months

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

Designation	From	To	Total period Year/Months	
Assistant Professor, Neonatology(Adhoc)	5.12.2008	31.12.2012	4 years	4 years
Assistant Professor, Neonatology(Regular)	1.1.2013	31.12.2016	4 years	4 years
Associate Professor, Neonatology(Regular)	1.1.2017	14.10.2022	5 year	10 months
Professor, Neonatology(Adhoc)	15.10.2022	Till date	3 year	3 months

*Swati*

Sign & Stamp  
Head of the Department

Date: 12/02/2024

Professor & Head  
Department of Neonatology  
Lokmanya Tilak Municipal Medical College  
& General Hospital, Sion, Mumbai-400 022

*Me*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

**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)

<b>Date of Inspection</b> :	
-----------------------------	--

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
01	Fellowship in Neonatology	2009	2	Dr Swati Manerkar
02				
03				

(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. 2021 – 2022	Fellowship in Neonatology	2	1
2	A.Y. 2022 – 2023	Fellowship in Neonatology	2	1
3	A.Y. 2023 – 2024.	Fellowship in Neonatology	2	1
4	A.Y. 2024 – 2025.	Fellowship in Neonatology	2	2
5	A.Y. 2025. – 2026.	Fellowship in Neonatology	2	2

*[Signature]*  
Dean (L.T.M.G.H.)

*[Signature]*  
Professor & Head  
Department of Neonatology  
Lokmanya Tilak Municipal Medical College,  
& General Hospital, Sion, Mumbai-400 022

## ANNEXURE- VIII

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20<sup>26</sup>-20<sup>27</sup>

(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
01	Pulmonary Critical Care	2014	2	2
02				
03				
04				
05				
06				
07				

(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. 20 <sup>20</sup> - 20 <sup>21</sup>	Pulmonary Critical Care Fellowship	2	1
2	A.Y. 20 <sup>21</sup> - 20 <sup>22</sup>		2	2
3	A.Y. 20 <sup>22</sup> - 20 <sup>23</sup>		2	2
4	A.Y. 20 <sup>23</sup> - 20 <sup>24</sup>		2	2
5	A.Y. 20 <sup>24</sup> - 20 <sup>25</sup>		2	1

  
 Dean (L.T.M.G.H.)

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

**Title of the course applied for:** Fellowship in Pulmonary Critical Care

This is to certify that Dr. Jairaj P. Nair has worked in the Department of Respiratory Medicine, LTMMC & GH, Sion, Mumbai – 400022 College/Institute as per following details.

**A) General Experience: -**

Designation	From	To	Total Period	
			Year	Month
Assistant Professor	29/08/2005	05/06/2015	9	10
Associate Professor	06/06/2015	31/01/2022	6	8
Professor	01/02/2022	Till date	4	0

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

Designation	From	To	Total Period	
			Year	Month
Associate Professor	06/06/2015	31/01/2022	5	8
Professor	01/02/2022	Till date	4	0

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

*Jairaj*  
20/2/26

Sign & Stamp

Head of the Department

**JAIRAJ P. NAIR**  
PROFESSOR & HEAD  
DEPARTMENT OF RESPIRATORY  
MEDICINE,  
LTMMC & GH, SION,  
MUMBAI - 400 022.

Date:

*M*  
20/2/26

Sign & Stamp

Dean/Principal (L.T.M.G.H.)  
Head of Institute

Date:

**Recommended/Not Recommended**

**Signature with date of LIC Chairman/Member**

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

Title of the course applied for: Fellowship in Pulmonary Critical Care

This is to certify that Dr. Sonal Prabhakar Karpe has worked in the Department of Respiratory Medicine, LTMMC & GH, Sion College/Institute as per following details.

**A) General Experience: -**

Designation	From	To	Total Period	
			Year	Month
Lecturer	02/12/2014	13/05/2022	9	5
Associate Professor	14/05/2022	Till Date	3	9

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

Designation	From	To	Total Period	
			Year	Month
Associate Professor	14/05/2022	Till Date	3	9

(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. JAYANT P. NAIR  
 PROFESSOR & HEAD  
 DEPARTMENT OF RESPIRATORY  
 MEDICINE,  
 LTMMC & GH, SION,  
 MUMBAI - 400 022.

Date:

  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Dean (LTMMC & GH)

Date:

**Recommended/Not Recommended**

**Signature with date of LIC Chairman/Member**

## ANNEXURE- VIII

**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 of the Fellowship Course**  
Rheumatology

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
01	Rheumatology	2012	02	Dr Lalana Kalekar lalanakalekar@yahoo.com 9821090879 Dr Amruta Sanap amrutadigole.23@gmail.com 9702433333 Dr Deepak Malgutte deepakmalgutte304@gmail.com 797281410
02				
03				
04				
05				
06				
07				

(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. 2020 – 2021	Rheumatology	02	02
2	A.Y. 2021 – 2022	Rheumatology	02	01
3	A.Y. 2022– 2023	Rheumatology	02	02
4	A.Y. 2023 – 2024	Rheumatology	02	02
5	A.Y. 2024– 2025	Rheumatology	02	02

Dean (L.T.M.G.H.)

## ANNEXURE- VIII-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:- Rheumatology

This to Certify that Dr. Lalana Kalekar has worked in the Department of General Medicine Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
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	05 years	04 months
Total experience			25 years	02 months

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

Designation	From	To	Total period Year/Months	
Assistant Professor	2006	17/9/2017	11 years	
Associate Professor	18/9/2017	13/9/2020	03 years	
Additional Professor	14/9/2020	Till date	05 years	04 months
Total Experience			19 years	04 months

*N. Karnik*  
Sign & Stamp  
Head of the Department  
Date: 11/02/2026

*Dr. C.*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

**Dr. N. D. Karnik**  
Professor & Head  
Department of Medicine  
Lokmanya Tilak Municipal  
Medical College & General Hospital  
Sion, Mumbai - 400 022

**Dean (L.T.M.G.H.)**

13 FEB 2026

**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. Amruta Sanap has worked in the Department of General Medicine Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor LTMMC and GH Mumbai	08/01/2022	Till date	04 years	01 month
Consultant Shushrusha Hospital	13/02/2021	08/01/2022		11 months
Shalby Hospital Ahmedabad	21/02/17	2020	03 years	
Fellow rheumatology / Senior Registrar General Medicine	01/08/2015	31/07/2016	01 year	
Total Experience			09 years	



Dean (L.T.M.G.H.)

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

Designation	From	To	Total period Year/Months	
Assistant Professor LTMMC and GH Mumbai	08/01/2022	Till date	04 years	01 month
Consultant Shushrusa Hospital	13/02/2021	08/01/2022		11 months
Shalby Hospital Ahmedabad	21/02/17	2020	03 years	
Fellow rheumatology / Senior Registrar General Medicine	01/08/2015	31/07/2016	01 year	
Total Experience			09 years	

*N. D. Karnik*

Sign & Stamp  
Head of the Department  
Date : 11 / 02 / 2026

**Dr. N. D. Karnik**  
Professor & Head  
Department of Medicine  
Lokmanya Tilak Municipal  
Medical College & General Hospital  
Sion, Mumbai - 400 022.

*[Signature]*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /  
13 FEB 2026

Dean (L.T.M.G.H.)

**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.Dr. Deepak Ramchandra Malguttehas worked in the Department of Lokmanya Tilak Municipal Medical College, Sion Mumbai Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Resident in Medicine	01/06/2015	01/06/2018	03 years	
Senior Resident in Medicine	19/07/2018	20/08/2019	01 year	
Senior Resident 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	03 years	03 months

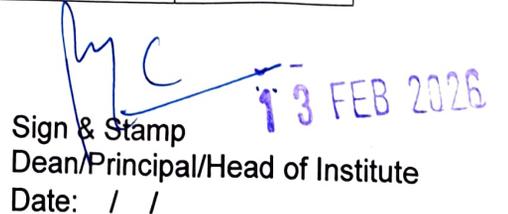
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Senior Resident in Medicine	19/07/2018	20/08/2019	01 year	
Senior Resident 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	03 years	03 months



Sign & Stamp  
Head of the Department  
Date : 11/02/2026

**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: / /

**Dean (L.T.M.G.H.)**

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026.**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

<b>Date of Inspection</b> :	
-----------------------------	--

**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
01	Fellowship course in Trichology	2025-2026	1	Dr Rachita Dhurat
02				
03				
04				
05				
06				
07				

(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. 2025- 2026	Fellowship in Trichology	1	1
2	A.Y. 2024- 2025	Fellowship in Trichology	1	1
3	A.Y. 2023 - 2024	Fellowship in Trichology	1	1
4	A.Y. 2022- 2023	Fellowship in Trichology	1	1
5	A.Y. 2021 - 2022	Fellowship in Trichology	1	1



**Dean (L.T.M.G.H.)**

**Dr. Rachita Dhurat**  
(Reg. 58194)  
Professor & Head  
Dept. of Dermatology  
LTMM & LTMC Hospital,  
Sion, Mumbai - 400 022

## ANNEXURE- VIII

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20<sup>24</sup>.....-20<sup>25</sup>.....

(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
01	Fellowship course in Endoscopic Sinus Surgery & Skull Base Surgery	2018-19	2	Dr. Renuka Anil Bradoo 9820303788
02	Fellowship course in Laryngology	2018-19	2	Dr. Anagha Atul Joshi 9820298027

(Attach separate List if necessary)

## 2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

## (a) FELLOWSHIP IN ENDOSCOPIC SINUS SURGERY &amp; SKULL BASE SURGERY (ESS &amp; SBS)

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2018 – 2019	ESS & SBS	2	2
2	A.Y. 2019 – 2020	ESS & SBS	2	2
3	A.Y. 2020 – 2021	ESS & SBS	2	2
4	A.Y. 2021 – 2022	ESS & SBS	2	2
5	A.Y. 2022 – 2023	ESS & SBS	2	2
6	A.Y. 2023- 2024	ESS & SBS	2	2
7	A.Y. 2024 - 2025	ESS & SBS	2	2

*[Signature]*  
Dean (L.T.M.G.H.)

*[Signature]*  
DR. RENUKA BRADOO  
PROFESSOR & HEAD  
DEPARTMENT OF ENT  
LTM Medical College & Hospital  
Mumbai - 22.

**(B) FELLOWSHIP COURSE IN LARYNGOLOGY**

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2018 – 2019	LARYNGOLOGY	2	2
2	A.Y. 2019 – 2020	LARYNGOLOGY	2	2
3	A.Y. 2020 – 2021	LARYNGOLOGY	2	2
4	A.Y. 2021 – 2022	LARYNGOLOGY	2	2
5	A.Y. 2022 – 2023	LARYNGOLOGY	2	2
6	A.Y. 2023- 2024	LARYNGOLOGY	2	2
7	A.Y. 2024 - 2025	LARYNGOLOGY	2	2



**DR. RENUKA BRADOO**  
PROFESSOR & HEAD  
DEPARTMENT OF ENT  
LTM Medical College & Hospital  
Sion, Mumbai - 22.



**DEAN**  
Lokmanya Tilak Municipal General  
Hospital & Medical College  
Sion, Mumbai - 22.



**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....**

(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
01	MUHS – SPINE SURGERY		2	Dr. A.B. Goregaonkar 9821357187 Dr. Ashok Kumar Rathod 9820858169
03				
04				
05				
06				
07				

(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. 2019 – 2020	Spine surgery	2	0
2	A.Y. 2020 – 2021	Spine surgery	2	2
3	A.Y. 2021 – 2022	Spine surgery	2	1
4	A.Y. 2022 – 2023	Spine surgery	2	2
5	A.Y. 2023 – 2024	Spine surgery	2	0
6	A.Y. 2024 – 2025	Spine surgery	2	0

  
Dean (L. T. M. G. H.)

  
Dr. A. B. GOREGAONKAR  
Professor and Head  
Dept. of Orthopaedic Surgery,  
L. T. M. Medical College & Hospital  
Sion, Mumbai - 400 022.

7	A.Y. 2025 – 2026	Spine surgery	2	2
---	------------------	---------------	---	---

*[Handwritten Signature]*  
 Dean (L.T.M.G.H.)

*[Handwritten Signature]*  
**Dr. A. S. SURESHANKAR**  
 Professor  
 Department of Orthopaedics  
**L.T.M. Medical College Hospital**  
 Sion, Mumbai - 400 022

ANNEXURE- VIII-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:- ...Fellowship In Neuropathology

This to Certify that Dr. Nitin M Gadgil has worked in the Department of Pathology,LTMMC &LTMGH Sion-22Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor (BYL Nair hospital)	06/10/1993	03/01/1995	1 year	3 months
Assistant Professor (LTMMC &LTMGH Sion)	03/01/1995	24/02/2000	5 year	1 month
Associate Professor (LTMMC &LTMGH Sion)	25/02/2020	06/12/2011	11 year	10 months
Associate Professor (LTMMC &LTMGH Sion)	07/12/2021	11/12/2025	14 year	
Professor (Regular) (LTMMC &LTMGH Sion)	12/12/2025	Till date	--	2 months

  
Dean (L.T.M.G.H.)

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

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor (BYL Nair hospital)	06/10/1993	03/01/1995	1 year	3 months
Assistant Professor (LTMMC & LTMGH Sion)	03/01/1995	24/02/2000	5 year	1 month
Associate Professor (LTMMC & LTMGH Sion)	25/02/2020	06/12/2011	11 year	10 months
Associate Professor (LTMMC & LTMGH Sion)	07/12/2021	11/12/2025	14 year	
Professor (Regular) (LTMMC & LTMGH Sion)	12/12/2025	Till date	--	2 months

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

*A.D. Amangpur*  
6/3/2026  
Prof & Head  
Dept. Pathology  
LTMMC & LTMGH Sion  
Head of the Department  
Date: / / - 406 022.  
Sion, Mumbai

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

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

## ANNEXURE- VIII-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:- ... Fellowship In Uro-pathology

This to Certify that Dr. Nitin M Gadgil has worked in the Department of Pathology,LTMMC &LTMGH Sion-22 Training Centre as per following details

#### A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor (BYL Nair hospital)	06/10/1993	03/01/1995	1 year	3 months
Assistant Professor (LTMMC &LTMGH Sion)	03/01/1995	24/02/2000	5 year	1 month
Associate Professor (LTMMC &LTMGH Sion)	25/02/2020	06/12/2011	11 year	10 months
Associate Professor (LTMMC &LTMGH Sion)	07/12/2021	11/12/2025	14 year	
Professor (Regular) (LTMMC &LTMGH Sion)	12/12/2025	Till date	--	2 months



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

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

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor (BYL Nair hospital)	06/10/1993	03/01/1995	1 year	3 months
Assistant Professor (LTMMC & LTMGH Sion)	03/01/1995	24/02/2000	5 year	1 month
Associate Professor (LTMMC & LTMGH Sion)	25/02/2020	06/12/2011	11 year	10 months
Associate Professor (LTMMC & LTMGH Sion)	07/12/2021	11/12/2025	14 year	
Professor (Regular) (LTMMC & LTMGH Sion)	12/12/2025	Till date	--	2 months

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

*A.D. Amonapur*  
10/02/2026

Sign & Stamp  
Head of the Department  
Date : / /

**Prof. & Head**  
**Dept. Pathology**  
**LTMM-College &**  
**LTMG Hospital**  
**Sion, Mumbai - 400 022.**



Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

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

**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 Uro-pathology

This to Certify that Dr. Anitha Padmnabhan has worked in the Department of Pathology, LTMMC & LTMGH Sion-22 Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor (LTMMC & LTMGH, Sion)	08/05/2003	25/09/2017	14 years	4 months
Assistant Professor (LTMMC & LTMGH Sion)	26/09/2017	Till date	8 year	4 month

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

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor (LTMMC & LTMGH, Sion)	08/05/2003	25/09/2017	14 years	4 months
Assistant Professor (LTMMC & LTMGH Sion)	26/09/2017	Till date	8 year	4 month

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

*A.D. Anarapu*  
10/02/2026

Sign & Stamp  
Head of the Department  
Date : / /

**Prof. & Head**  
**Dept. Pathology**  
**LTMM-College &**  
**LTMG Hospital**  
Sion, Mumbai - 400 022.

*[Signature]*

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

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

## ANNEXURE- VIII

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-  
20.....**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

<b>Date of Inspection</b>	:	
---------------------------	---	--

**1. Name(s) of the Fellowship/Certificate Course(s)**

Sr. No.	Name of the Fellowship/Certificate Course	Courses started from academic year	Intake capacity sanctioned by the University	Name of Mantors and Contact details
01	Fellowship in Gastrointestinal Pancreaticobiliary Pathology	2018-2019	02	Dr.Anjali D. Amarpurkar Mob no. 9820519610 E-mail-anjali1963@gmail.com
02	Fellowship in Neuropathology	2021	01	Dr.Nitin M. Gadgil Mob no. 9869687090 E-mail- nmgadgil2412@yahoo.co.in

(Attach separate List if necessary)

**2. Year-wise number of students admitted to Fellowship/ Certificate during last 5 years**

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity		No. of Students Admitted (In figure only)	
			GI fellows	Neuropathology Fellows	GI fellows	Neuropathology Fellows
1	A.Y. 2024 – 2025	<ul style="list-style-type: none"> <li>Fellowship in Gastrointestinal Pancreaticobiliary Pathology</li> </ul>	02	01	02	01
2	A.Y. 2023 – 2024		02	01	02	01
3	A.Y. 2022-2023.	<ul style="list-style-type: none"> <li>Fellowship in Neuropathology</li> </ul>	02	-	02	-
4	A.Y. 2021-2022		02	-	02	-
5	A.Y. 2020– 2021		02	-	02	-

  
**DEAN**

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

  
21/02/2026

**HEAD OF DEPARTMENT  
DEPARTMENT OF PATHOLOGY  
Prof. & Head  
Dept. Pathology  
LTMM-College &  
LTMG Hospital  
Sion, Mumbai - 400 022.**

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026DEPARTMENT OF COMMUNITY MEDICINE

(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
01	Fellowship course and prevention and control of infectious diseases	2025	9	Dr. Pallavi Suresh Shelke - 8356945770 Dr. Manissha Srivastav - 9969987806 Dr. Yasmeen Khalid Kazi - 9821742488 Dr. Sujata Pol - 9969688450

(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. 2025 – 2026	Fellowship course and prevention and control of infectious diseases	9	3

For *Shelke*

**Prof. & Head**  
Dept. of Community Medicine  
LTMMC & LTMGH,  
SION, MUMBAI - 400 022



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

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 course and prevention and control of infectious diseases

This to Certify that Dr.Pallavi Suresh Shelke has worked in the Department of .Community Medicine as per following details

**A) General Experience**

Designation	From	To	Total periodYear/Months	
			Year	Months
Assistant Professor	7/10/1994	20/11/2008	22 years	6 months
Associate Professor	21/11/2008	Till date	8 years	7 months

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

Designation	From	To	Total periodYear/Months	
			Year	Months
Assistant Professor	7/10/1994	20/11/2008	22 years	6 months
Associate Professor	21/11/2008	Till date	8 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)

Prof. & Head  
Dept. of Community Medicine  
LTMGH,  
SION, MUMBAI - 400 022

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

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 course and prevention and control of infectious diseases

This to Certify that Dr. Manisha Srivastav has worked in the Department of .Community Medicine as per following details

**C) General Experience**

Designation	From	To	Total periodYear/Months	
Assistant Professor	1.08.1998	14.4.2011	12 yrs	8 months
Associate Professor	15.4.2011	Till date	14 yrs	10 months

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	1.08.1998	14.4.2011	12 yrs	8 months
Associate Professor	15.4.2011	Till date	14 yrs	10 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  
 Prof. & Head  
 Dept. of Community Medicine  
 Date: 12/02/2022  
 LTMG & LTMG  
 SION, MUMBAI - 400 022

Sign & Stamp  
 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 course and prevention and control of infectious diseases

This to Certify that Dr. Yasmeen Khalid Kazi has worked in the Department of .Community Medicine as per following details

**E) General Experience**

Designation	From	To	Total periodYear/Months	
			Year	Months
Assistant Professor	1/1/2004	10/5/2022	20 yrs	9 months
Associate Professor	11/5/2022	Till date	3 yrs	8 months

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

Designation	From	To	Total periodYear/Months	
			Year	Months
Assistant Professor	1/1/2004	10/5/2022	20 yrs	9 months
Associate Professor	11/5/2022	Till date	3 yrs	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: 12/02/2026

*Ankha*  
**Prof & Head**  
**DEPT. OF Community Medicine**  
**LTMG & LTMC**  
**SION, MUMBAI - 400 022**

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /  
**DEAN**  
**Dr. Ananya 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 course and prevention and control of infectious diseases

This to Certify that Dr. Sujata Pol has worked in the Department of Community Medicine as per following details

**G) General Experience**

Designation	From	To	Total periodYear/Months	
			20 yrs	5 months
Assistant Professor	19.9.2005	Till date		

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

Designation	From	To	Total periodYear/Months	
			20 yrs	5 months
Assistant Professor	19.9.2005	Till date		

(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: 02/2026

*smachay*  
**Prof. & Head**  
**Dept. of Community Medicine**  
**LTMHC & LTMGH,**  
**SION, MUMBAI - 400 022**

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

*[Signature]*  
**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	