

# **ANNEXURE "A"**

**ANNEXURE-“A”**  
**Professional Teaching Experience Certificate for Fellowship/Certificate**  
**Courses Director/Mentor**

Title of the Course applied for:-FELLOWSHIP IN CRANIOMAXILLOFACIAL TRAUMA  
 This to Certify that Dr....ABHAY DATARKAR..... has worked in the  
 Department of.....OMFS,GDCH ,NAGPUR..... Training Centre as per following details

Sr. No.	Post	Institution	From	To	Remarks
01	Lecturer/As s i stant Professor	Govt.Dental College & Hospital, Nagpur	16/12/1999	16/04/2001	01 Year 04 Month
02	Lecturer/Assistant Professor	SPDC Wardha	01/06/2001	28/02/2003	01 Year 08 Month 27 days
03	Assistant Professor	SPDC Wardha	01/03/2003	24/05/2006	03 Year 02 Month 23 days
04	Assistant Professor	SPDC Wardha	25/05/2006	24/01/2008	01 Year 07 Month 30 days
05	Professor	SPDC Wardha	25/01/2008	15/10/2010	02 Year 08 Month 20 days
06	Professor	SDKSDC Nagpur	16/10/2010	09/10/2012	01 Year 11 Month 23 days
07	Professor	SPDC Wardha	23/11/2012	31/10/2013	11 Month 08 days
08	Professor	Maitri Dental College Durg	01/11/2013	18/04/2015	01 Year 05 Month 17 days
09	Professor	Govt.Dental College & Hospital, Nagpur	20/04/2015	26/8/21	03 yrs 04 Month 11days
10	Dean	Govt.Dental College & Hospital, Nagpur	27/8/21	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)

*Kandilwar*  
 Sign & Stamp  
 Head of the Department  
 Date

मुख्य विभाग प्रमुख  
 मुख्यालय शिक्षा शास्त्र विभाग,  
 शासकीय दंत महाविद्यालय व रुग्णालय  
 नागपुर

*[Signature]*  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date

Govt. Dental College & Hospital  
 NAGPUR

**ANNEXURE-"A"**

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

Title of the Course applied for:-Dental Rehabilitation of Pediatric Patient

This to Certify that Dr. **Ritesh Kalaskar** has worked in the Department of **Pediatric and Preventive Dentistry** Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
---	---	--	--	--


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

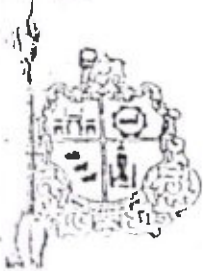
Designation	From	To	Total Period	
Assistant Professor	28/7/2003	09/08/2006	03	0.0
Reader	10/08/2006	26/09/2009	03	1.16
Associate professor & HOD	03/10/2009	05/01/2016	06	3
Professor & HOD	06/01/2016	Till date	06	4.9

(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  
Date

  
**Dr. Ritesh Kalaskar**  
Professor & HOD  
Pediatric Dentistry  
Govt. Dental College & Hospital, Nagpur

  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date **Dean**  
Govt. Dental College & Hospital  
NAGPUR



# MUNICIPAL CORPORATION OF GREATER MUMBAI

## NAIR HOSPITAL DENTAL COLLEGE

Dr. A. L. Nair Road, MUMBAI-400 008 INDIA

Tel No : 23082714-5 6-7 Telegraphic Address : 'Dento' Byculla, Mumbai - 400 003

E Mail : nairdent@bom3.vsnl.net.in

Fax : 91-22-308 06 55

No. DC/ 2764 /Estt.

9<sup>th</sup> Aug. st. 2006.

### EXPERIENCE CERTIFICATE

This is to certify that **Dr. Ritesh Rambharos Kalaskar** has worked as Lecturer in the Department of Pedodontics at this Institution as follows:

Sr. No.	Post held	Department	Period of work done	Nature of appointment
1.	Lecturer	Pedodontics	28.07.2003 to 23.01.2004	Appointment on adhoc basis for a period of six months
2.	Lecturer	Pedodontics	27.01.2004 to 24.07.2004	do
3.	Lecturer	Pedodontics	28.07.2004 to 03.01.2005	do
4.	Lecturer	Pedodontics	05.01.2005 to 09.08.2006	Appointment on regular basis

During his above service period, his work and conduct was found to be excellent.

*(Signature)*  
Dean,  
Nair Hospital Dental College





DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES UNIVERSITY  
**Sharad Pawar Dental College & Hospital**

Sawangi (Meghe), Wardha-442 004, Maharashtra State, India.

• Tel : (07152) 287701, 287702, 287703, 287704, 287706, 287732 • Fax : 07152-287731, 287714

E-Mail : medical\_wda@sanchamnet.in Visit us at : www.dmims.org

Ref No:- SPDC/09-10/ 1313

Date: - 26/09/2009

**EXPERIENCE CERTIFICATE**

This is to certify that Dr. Ritesh Kalaskar has worked as Reader w.e.f. 10.08.2006 to 26.09.2009 in the Department of Pedodontics at Sharad Pawar Dental College & Hospital Sawangi (Meghe), Wardha (Maharashtra).

During the above-mentioned period his conduct & services are found to be satisfactory.

*Pranav*

DEAN  
S. P. DENTAL COLLEGE

DEAN,  
Sharad Pawar Dental College  
Sawangi (M.), Wardha.

