

Annexure- XVII

**Forms for fellowship/
Certificate course(s)**

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 :	
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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	Craniomaxillofacial trauma	2017-18	02	Dr. Abhay Datarkar (9822698145)
02	Dental Rehabilitation of Pediatric patients	2021-22	02	Dr. Ritesh Kalaskar (8550938585)
03	Fellowship in Oral Implantology	2022-23	10	Dr. Mangesh Phadnaik (9422254404) Dr. Vaibhav Karemore (9011098882) Dr. Vivek Thombre (9860478817) Dr. Kalpak Peter (9309995712) Dr. Pallavi Sonpimpale (9511883029)
04	Fellowship in Imaging in Dentistry	2022 -23	10	Dr. Ashita Kalaskar (8550928585) Dr. Amit Parate (9370998219) Dr. Shailesh Gondivker (9604121273) Dr. Pawan Motghare (9822710845) Dr. Shweta Gangotri (7030335506)
05	Fellowship in Asthetic Dentistry	2022-23	05	Dr. Sulbha Radke (9823262628) Dr. Sadhana Raina (9423685967) Dr. Jyoti Wankhade (9552981779) Dr. Yogesh Rathod (9822926887) Dr. Shubha Hegde (9011551200)
06	Fellowship in Forensic Dentistry (odontology)	2022-23	05	Dr. Akshay Dhobley (9822738646) Dr. Dipak Ghatage (9271418566)
07	Fellowship in Endodontics	2022-23	05	Dr. Sulbha Radke (9823262628) Dr. Sadhana Raina (9423685967) Dr. Jyoti Wankhade (9552981779) Dr. Yogesh Rathod (9822926887) Dr. Shubha Hegde (9011551200)

(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	Craniomaxillofacial trauma	A.Y. 2017 – 2018	2	2
		A.Y. 2018 – 2019	2	1
		A.Y. 2019 – 2020	2	-
		A.Y. 2020 – 2021	2	1
		A.Y. 2021– 2022	2	-
		A.Y. 2022– 2023	2	-
2	Dental Rehabilitation of Pediatric patients	A.Y. 2021– 2022	2	-
		A.Y. 2022– 2023	2	1
3	Fellowship in Oral Implantology	A.Y. 2022-23	10	-
4	Fellowship in Imaging in Dentistry	A.Y. 2022 -23	10	-
5	Fellowship in Asthetic Dentistry	A.Y. 2022-23	05	-
6	Fellowship in Forensic Dentistry (odontology)	A.Y. 2022-23	05	-
7	Fellowship in Endodontics	A.Y. 2022-23	05	-

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:- Cranio Maxillofacial TraumaThis to Certify that Dr. Abhay Datarkar has worked in the Department of Oral & Maxillofacial Surgery Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
MDS	1996	1999	3 years
DNB	2000	2003	3 years

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

Designation	From	To	Total period Year/Months
FIBCOMS	2016	2017	1 year
FDSRCPS	2017	2018	1 year

(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: / /

शासकीय दंत महाविद्यालय व स्मथालय,
नागपुर

Dean

Sign & Stamp

Govt. Dental College & Hospital
Dean/Principal, HADPR Institute

Date: / /

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:- Dental Rehabilitation of pediatric patientThis to Certify that Dr. Ritesh Kalaskar has worked in the Department of Pediatric & 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 Year/Months	
Professor & HOD	28/7/2003	Full date	20 year	5 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: 03/2/2023

Dr. Ritesh Kalaskar
Professor & HOD
Pediatric Dentistry
Dental College & Hospital, Navi


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

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 Oral ImplantologyThis to certify that Dr. Mangesh Phadnis has worked in the Department of Perio Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Professor	01/11/2013	To date	9 year	3 Months.
Asso. Prof.	05/05/2003	31/10/2013	10 year	6 Months.
Asst. Prof.	01/02/1989	04/05/2003	14 year	3 Months


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

Designation	From	To	Total period Year/Months	
Professor	01/11/2013	To date	9 year	3 Months.
Asso. Prof.	05/05/2003	31/10/2013	10 year	6 Months.
Asst. Prof.	01/02/1989	04/05/2003	14 year	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: / /


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

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

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ANNEXURE- XVII-B

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 ORAL IMPLATOLOGY

This to Certify that Dr. VAIBHAV A. KAREMORE has worked in the
Department of PERIODONTOLOGY Training Centre as per
following details

A) General Experience

Designation	From	To	Total period Year/Months	
			Year	Months
ASSOCIATE PROFESSOR	04.08.2015	TO DATE	7 YEARS	06 MONTHS
ASSISTANT PROFESSOR	01.06.2007	03.08.2015	8 YEARS	02 MONTHS

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

Designation	From	To	Total period Year/Months	
			Year	Months
ASSOCIATE PROFESSOR	04.08.2015	TO DATE	7 YEARS	6 MONTHS
ASSISTANT PROFESSOR	01.06.2007	03.08.2015	8 YEARS	02 MONTHS

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

Sign & Stamp
Head of the Department
Date: / /

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

Dent Dental College & Hospital

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

All Des

ANNEXURE- XVII-B

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 oral Implantology

This to Certify that Dr. Vinck N. Thombre has worked in the Department of periodontology Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Associate professor/Reader	01/05/2011 18/12/2018	16/05/2014 Till Date	07 years	02 Months
Assistant professor/Sr. Lecturer	01/05/2007 19/02/2009 17/05/2014	18/02/2009 31/05/2011 17/12/2018	08 years	06 Months

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

Designation	From	To	Total period Year/Months	
Associate professor/Reader	01/05/2011 18/12/2018	16/05/2014 Till Date	07 years	02 Months
Assistant professor/Sr. Lecturer	01/05/2007 19/02/2009 17/05/2014	18/02/2009 31/05/2011 17/12/2018	08 years	06 Months

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

[Handwritten Signature]

Sign & Stamp
Head of the Department

[Handwritten Signature]

Sign & Stamp
Govt. Dental College & Hospital,
Dean/Principal/Head of Institute
Date: / /

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

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ANNEXURE- XVII-B

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 Oral Implantology

This to Certify that Dr. Kalpak Peter has worked in the
Department of Periodontology Training Centre as per
following details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	① 23/09/10	① 19/05/13	11 years	6 months
	② 20/05/13	② 15/09/14		
	③ 18/09/15	③ Till date		
Associate Professor	① 16/09/14	① 17/09/15	1 year	

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

Designation	From	To	Total period Year/Months	
Assistant Professor	① 23/09/10	① 19/05/13	11 years	6 months
	② 20/05/13	② 15/09/14		
	③ 18/09/15	③ Till date		
Associate Professor	① 16/09/14	① 17/09/15	1 year	

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

[Signature]
Sign & Stamp
Head of the Department

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

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

All Des

ANNEXURE- XVII-B

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 Oral Implantology.....

This to Certify that Dr. Pallavi Sonpimpale has worked in the
Department of Periodontology..... Training Centre as per
following details

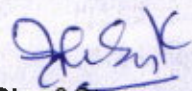
A) General Experience


Designation	From	To	Total period Year/Months	
Assistant Professor	26/7/2010	29/1/2011	6 months	
Assistant Professor	1/2/2011	till date	12 yrs	

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

Designation	From	To	Total period Year/Months	
Assistant Professor	1/2/2011	30/1/2012	1 year	
Assistant Professor	5/9/2015	Till date	7 years	5 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: 1/1/2017
महाराष्ट्र शासन
स्वास्थ्य विभाग
मुंबई


Sign & Stamp
Govt. Dental College & Hospital
Mumbai
Dean/Principal/Head of Institute
Date: / /

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

Information to be submitted with respect to newly appointed mentorsProfessional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/MentorTitle of the Course applied for:- FORENSIC ODOMTOLOGYThis to Certify that Dr. AKSHAY DHOBLEY has worked in the Department of ORAL PATHOLOGY & MICROBIOLOGY Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
PROFESSOR	27/7/2020	Till date	2 years	7 months
ASSOCIATE PROF	01/08/2014	26/07/2020	6 years	
ASST. PROF	24/7/2010	31/7/2014	4 yrs	1

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

Designation	From	To	Total period Year/Months	
PROFESSOR	27/7/2020	Till date	2 years	7 months
ASSO. PROF.	01/08/2014	26/07/2020	6 yrs.	
ASST. PROF	24/7/2010	31/7/2014	4 yrs.	-

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

for
Professor & HOD
Department of Oral Pathology & Microbiology
Government Dental College & Hospital
Nagpur

Sign & Stamp
Dean/Principal/Head of Institute
Date
Government Dental College & Hospital
Nagpur

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 Mentor**

Title of the Course applied for:- Imaging in Dentistry

This to Certify that **Dr Ashita kalaskar** has worked in the **Department of Oral Medicine and Radiology, GDCH Nagpur** 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 Year/Month	
Lecturer	05/06/2007	20/10/2013	06	04
Reader	21/10/2023	06/06/2015	01	08
Associate Professor	08/06/2015	18/03/2022	06	07
Professor	19/01/2022	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: 07/12/2023
Head of Dept.
Dept. of Oral Medicine & Radiology
Govt. Dental College & Hospital, Nagpur

Sign &Stamp

Dean/Principal/Head of Institute

Date: / /

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 Mentor

Title of the Course applied for:- **Imaging in Dentistry**

This to Certify that **Dr.Amit Radhelal Parate** has worked in the Department of of **Oral Medicine & Radiology** Training Centre as per following details

C) General Experience


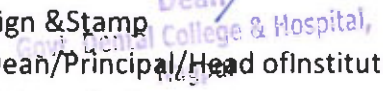
Designation	From	To	Total period Year/Months	
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D) Actual experience in the subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period Year/Month/Days		
Assistant Lecturer	01/08/2006	30/07/2007	0	11	30
Assistant Lecturer	01/08//2007	29/07/2008	0	11	29
Lecturer	30/07/2008	18/07/2011	02	11	19
Assistant Professor	19/07/2011	19/06/2017	05	11	01
Assistant Professor	21/06/2017	05/08/2021	04	01	16
Associate Professor	06/08/2021	Till Date	01	06	00

(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: 07/08/2021 


 Sign & Stamp 
 Date: / /

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 Mentor**Title of the Course applied for:- **Imaging in Dentistry**This to Certify that **Dr. Pawan Chainrao Motghare** has worked in the Department of Oral Medicine & Radiology Training Centre as per following details**G) General Experience**

Designation	From	To	Total period Year/Months	

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

Designation	From	To	Total period Year/Months/Days		
Senior Lecturer	12/5/2009	30/06/2009	-	1 Month	19 Day
Senior Lecturer	27/7/2009	13/8/2011	2 years		18 Days
Senior Lecturer	22/8/2011	20/10/2013	2 years	1 Month	29 Days
Reader	21/10/2013	6/4/2016	2 years	5 Months	17 Days
Assistant Professor	11/04/2016	Till Date	6 years	9 months	12 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 of Dept.

Date: 07/02/18 of Oral Medicine & Radiology
Govt. Dental College & Hospital, Nagpur

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /
Govt. Dental College & Hospital,
Nagpur

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 Mentor**Title of the Course applied for:- **Imaging in Dentistry**This to Certify that **Dr. Shailesh Madhukar Gondivkar** has worked in the Department of Oral Medicine & Radiology Training Centre as per following details**E) General Experience**

Designation	From	To	Total period Year/Months	

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

Designation	From	To	Total period Year/Months	
Senior Lecturer	02/06/2008	13/09/2010	02	03
Senior Lecturer	14/09/2010	01/06/2012	01	08
Reader	02/06/2012	21/03/2016	03	09
Assistant Professor	23/03/2016	Till date	06	10

(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 Dept.
 Department of Oral Medicine & Radiology
 Govt. Dental College & Hospital, Nagpur.

Date: 07/02/23

Sign & Stamp


Dean/Principal/Head of Institute
 Date: / / **Dean**

Govt. Dental College & Hospital, Nagpur

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 Mentor**Title of the Course applied for:- **Imaging in Dentistry**

This to Certify that Dr. **Dr.SHWETA CHANDRAPRAKASH GANGOTRI** has worked in the Department of . Department of Oral Medicine & Radiology Training Centre as per following details

I) General Experience

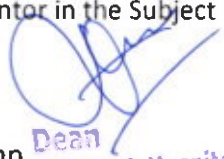
Designation	From	To	Total period Year/Month	
Senior Lecturer	1/8/2006	31/8/2007	1 yr	
Senior Lecturer	16/1/2009	21/5/2009	0	4months

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

Designation	From	To	Total period Year/Month/Day		
Senior Lecturer	6/8/2012	13/12/2013	01	04	8
Senior Lecturer	14/12/2013	10/11/2014	0	11	0
Senior lecturer	11/11/2014	31/03/2016	1	04	6
Assistant Professor	4/4/2016	19/6/2017	01	02	16
Assistant Professor	20/06/2017	Till date	05	07	18

(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
 Dept. of Oral Medicine & Radiology
 Govt. Dental College & Hospital, Nagpur.
 Date: 07/07/2023

Sign &Stamp 
 Dean
 Govt. Dental College & Hospital,
 Nagpur
 Date: / /

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 Cosmetic dentistryThis to Certify that Dr. Sulabha A. Radhe has worked in the Department of Conservative dentistry & endodontics, G.D.C.H. Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	21/01/2011	25/07/2017	6 yrs	6 months
Associate Professor	26/07/2017	till date	5 yrs	6 months

12 yrs

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

Designation	From	To	Total period Year/Months	
Assistant Professor	21/01/2011	25/07/2017	6 yrs	6 months
Associate Professor	26/07/2017	till date	5 yrs	6 months


12 yrs

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


Dr. MANJUSHA M. WARHADPANDE
PROFESSOR & HEAD
CONSERVATIVE DENTISTRY
G.D.C.H. NAGPUR

Sign & Stamp
Head of the Department

Date: 3 / 2 / 2023


Dean
Govt. Dental College & Hospital,
Nagpur
Sign & Stamp
Dean/Principal/Head of Institute
Date: / /

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 endodontics

This to Certify that Dr. Sulabha A. Radke has worked in the Department of Conservative dentistry & endodontics GOCHM Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	21/01/2011	25/07/2017	6 yrs	6 months
Associate Professor	26/07/2017	till date	5 yrs	6 months


12 yrs


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

Designation	From	To	Total period Year/Months	
Assistant Professor	21/01/2011	25/07/2017	6 yrs	6 months
Associate Professor	26/07/2017	till date	5 yrs	6 months

12 yrs

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


 Dr. MANJUSHA M. WARHADPANDE
 PROFESSOR & HEAD
 CONSERVATIVE DENTISTRY
 GOCHM, NAGPUR
 Sign & Stamp
 Head of the Department
 Date: 3 / 2 / 2023


 Govt. Dental College & Hospital,
 Nagpur
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: / /

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:- ENDODONTICS (FELLOWSHIP)This to Certify that Dr. SADHANA RAINA has worked in the Department of CONSERVATIVE DENTISTRY AND ENDODONTICS Training Centre as per following details
G.D.C, NAGPUR**A) General Experience**

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	21.01.2011	2.05.2018	} 12 YEARS	
ASSOCIATE PROFESSOR	03.05.2018	till to date		


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

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	21.01.2011	2.05.2018	} 12 YEARS	
ASSOCIATE PROFESSOR	03.05.2018	till to date		

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


 Dr. MANJUSHA M. WARHADPANDE
 PROFESSOR & HEAD
 CONSERVATIVE DENTISTRY
 G.D.C.M. NAGPUR

Sign & Stamp
 Head of the Department
 Date: 3 / 2 / 2023


 Dean
 Govt. Dental College & Hospital,
 Nagpur

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

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 COSMETIC DENTISTRYThis to Certify that Dr. SADHANA RAINA.....has worked in the Department of CONSERVATIVE DENTISTRY AND ENDODONTICS..... Training Centre as per following details
GDC, NAGPUR.**A) General Experience**

Designation	From	To	Total period Year/Months
ASSISTANT PROFESSOR	21.01.2011	2.05.2018	} 12 YEARS
ASSOCIATE PROFESSOR	03.05.2018	till to date	

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

Designation	From	To	Total period Year/Months
ASSISTANT PROFESSOR	21.01.2011	2.05.2018	} 12 Years
ASSOCIATE PROFESSOR	03.5.2018	till to date	

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


Dr. MANJUSHA M. WARHADPANDE
PROFESSOR & HEAD
CONSERVATIVE DENTISTRY
G.D.C.H. NAGPUR
Sign & Stamp
Head of the Department
Date: 3 / 2 / 2023


Dean
Govt. Dental College & Hospital,
Nagpur

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

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 EndodonticsThis to Certify that Dr. Jyoti Wankhade (Lokade) has worked in the Department of Conservative Dentistry & Endodontics, Training Centre as per following details
Govt. Dental College & Hospital, Nagpur**A) General Experience**


Designation	From	To	Total period Year/Months	
<u>Asst. Professor Reader</u>	<u>20/5/2008</u>	<u>Till Date</u>	<u>14 years 8 months</u>	

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

Designation	From	To	Total period Year/Months	
<u>Asst. Professor Reader</u>	<u>20/05/2008</u>	<u>Till Date</u>	<u>14 years</u>	<u>8 months</u>

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


Dr. MANJUSHA M. WARHADPANDE
 PROFESSOR & HEAD
 CONSERVATIVE DENTISTRY
 G.D.C.H. NAGPUR
 Sign & Stamp
 Head of the Department
 Date: 3 / 2 / 2023


 Dean
 Govt. Dental College & Hospital,
 Nagpur
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: / /

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 Cosmetic DentistryThis to Certify that Dr. Jyoti Wankhade (Lokade) has worked in the Department of Conservative Dentistry & Endodontics Training Centre as per following details Govt. Dental College & Hospital, Nagpur**A) General Experience**

Designation	From	To	Total period Year/Months	
<u>Assist Professor Reader</u>	<u>20/05/2008</u>	<u>Till Date</u>	<u>14 years</u>	<u>8 months</u>

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

Designation	From	To	Total period Year/Months	
<u>Assist Professor Reader</u>	<u>20/05/2008</u>	<u>Till Date</u>	<u>14 years</u>	<u>8 months</u>

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

Manjusha M. Warhadpande
 Dr. MANJUSHA M. VARHADPANDE
 PROFESSOR & HEAD
 CONSERVATIVE DENTISTRY
 G.D.C.H. NAGPUR
 Sign & Stamp
 Head of the Department
 Date: 3 / 2 / 2023

[Signature]
 Dean
 Govt. Dental College & Hospital,
 Nagpur
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: / /

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 EndodonticsThis to Certify that Dr. Yogesh. V. Rathod has worked in the Department of Conservative Dentistry and Endodontics Govt. Dental College & Hospital Nagpur Training Centre as per following details**A) General Experience**


Designation	From	To	Total period Year/Months
<u>Asst professor/Reader</u>	<u>25/7/2011</u>	<u>Till Date</u>	<u>11 Year's</u>

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

Designation	From	To	Total period Year/Months
<u>Asst professor/Reader</u>	<u>25/7/2011</u>	<u>Till Date</u>	<u>11 Year's</u>

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


Dr. MANJUSHA M. WARHADPANDE
 PROFESSOR & HEAD
 CONSERVATIVE DENTISTRY
 G.D.C.M. NAGPUR
 Sign & Stamp
 Head of the Department
 Date: 3/2/2023


 Dean
 Govt. Dental College & Hospital,
 Nagpur
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: / /

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 cosmetic dentistryThis to Certify that Dr. Yogesh V. Rathod has worked in the Department of Conservative Dentistry and Endodontics, Govt. Dental College & Hospital Nagpur Training Centre as per following details**A) General Experience**


Designation	From	To	Total period Year/Months
Reader	03/02/2016	03/10/2017	18 months
Asst. professor	25/7/11 - 03/02/2016 05/10/17 - Till Date		9 year 6 months Total - 11 years

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

Designation	From	To	Total period Year/Months
Asst. professor Reader	25/7/11	Till date	11 years

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


Dr. MANJUSHA M. WARHADPANDE
PROFESSOR & HEAD
CONSERVATIVE DENTISTRY
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Date: 3 / 2 / 2023


Dean
Govt. Dental College & Hospital,
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Name of Inspectors	Signature of Inspectors
1) Chairman	
2) Member	
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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 ENDODONTICSThis to Certify that Dr. SHUBHA HEGDE has worked in the Department of CONSERVATIVE DENTISTRY & ENDODONTICS Training Centre as per following details GOVT. DENTAL COLLEGE & HOSPITAL, NAGPUR.**A) General Experience**


Designation	From	To	Total period Year/Months	
ASST. PROFESSOR	7/9/2011	Till Date	10 YEARS	

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

Designation	From	To	Total period Year/Months	
ASST. PROFESSOR	7/9/2011.	Till Date	10 YEARS.	

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


 Dr. MANJUSHA M. WARHADPANDE
 PROFESSOR & HEAD
 CONSERVATIVE DENTISTRY
 G.D.C.H. NAGPUR
 Sign & Stamp
 Head of the Department
 Date: 3 / 2 / 2023


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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 COSMETIC DENTISTRYThis to Certify that Dr. SHUBHA HEGDE has worked in the Department of CONSERVATIVE DENTISTRY & ENDODONTICS, Training Centre as per following details GOVT. DENTAL COLLEGE & HOSPITAL, NAGPUR**A) General Experience**


Designation	From	To	Total period Year/Months
ASST. PROFESSOR	7/9/2011	Till Date	10 YEARS

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

Designation	From	To	Total period Year/Months
ASST. PROFESSOR	7/9/2011	Till Date	10 YEARS

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


Dr. MANJUSHA M. WARHADPANDE
PROFESSOR & HEAD
CONSERVATIVE DENTISTRY
G.D.C.H. NAGPUR
Sign & Stamp
Head of the Department
Date: 3 / 2 / 2023


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