

# **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)

<b>Date of Inspection</b> :	
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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 &amp; Stamp

Head of the Department

Date: / /

शासकीय दंत महाविद्यालय व स्मथालय,  
नागपुर

Dean

Sign &amp; 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 Month


**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: 15/05/2023

  
Sign & Stamp  
Dean/Principal/Head of Institute & Hospital.  
Date: / / 15/05/2023  
Nagpur

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: / /

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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. Vivek 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	