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

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

Sr. No.		Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand 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)
	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)

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
	34.	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	-
	F	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	-

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

05/37195 95 30/02/02/02/23

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

Title of the Course applied for:- Cranio Maxillofacial Trauma

This to Certify that Dr. Abhay. Datarkar has worked in the Department of Oral & Maxillafacial Surgery. Training Centre as per following details

A) General Experience

 Designation	From	То	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	То	Total period Y	ear/Months
FIBCOMS	2016	2017	1 year	
FDSRCPS	2017	2018	iyear	

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

Kandilwas

Sign &Stamp Head of the Department Date: / / Dean Sign & StanDental College & Hospita Dean/Principal / HegPor Rnstitute

Date: / /

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

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

Title of the Course applied for:- Dental Rehabilation of pediatric patient

This to Certify that Dr. Ritesh Kalaskar has worked in the Department of <u>Pediatore 8 preventile Denhory</u> Training Centre as per following details

A) General Experience

Designation	From	То	Total period Year/Months
		×	

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

Designation	From	То	Total perio	d Year/Months
Professor &	28 7 2003	Pill date	20 year	s 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 /ス /2023 Ritesh Kalasko Professor & HOD Pediatric Dentistry

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

Name of Inspectors		
Chairman		
Member		
Member		
Member		
	Chairman Member Member	

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

Title of the Course applied for: Fellow ship is Oral Implantalog 7

A) General Experience

I	Designation	From	То	Total per	iod Year/Months
Pro	fessor	01/11/2013	To date	9 year	3 Months.
Assi	. Port.	0510512003	31/10/2013	loyear	6 Months
37	r. Pmf.	01/02/1989	04/05/2003	14 year	3 Month
-	t				

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

Designation	From	То	Total period Year/Months		
Professor	01/11/2013	Todate	Ayear	3 months.	
Asso. Porf	05/05/2003	31/10/2013	10 year	6 Months.	
Aron Omf	01/07/1989	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 Sign & Stamp Dean/Principal/Hegenen Institute Hospital. Date: / / Nagpur

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

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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:- FELLOWBHIP 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) GeneralExperience

17.5

Designation	From	То	Total per	riodYear/Months
ASSOCIATE PROFESSOR	04.08.2015	TO DATE	7YEARS	OE 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	То	Total period	Year/Months
ASSOCTATE PROFESSOR	04.08.2015	TODATE	7 YEARS	6 MONTHS
ASSISTANT PROFESSOR	01.06.2007	0-5-08-2015	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 oftheDepartment

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

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	N 20 10 10
4)	Member	

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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:- Fellowskip in oral Finglanto logy

This to Certify that Dr. Vivek N. Thompre has worked in the Department of periodontolog? Training Centre as per following details

A) GeneralExperience

15

Designation	From	То	Total perio	odYear/Months
Associate moto sor/Reader.	- 01/05/2011 18/12/2018	16105/2014 Till Date .	07 yeary	02 Monthly
Assistant protest	N/ 01/06/2007 1910212009 17/05/2014	18/02/2009 31/05/2011 17/12/2018	08 years	OG Months

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

Designation	From	To	Total period	Year/Months
Associate pro Forgani Reader	01/05/2011	10/00/2014 Till Bate	oT years	02 months
Assistant protessor/ sr.Lecturer.	01/05/2007 19/02/2009 17/05/2014	18/02/2009 31/05/2011 17/12/2018	08 years	of menths.

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

Sign&Starhp Head of the Department another the state strate the constant

U.V.V

Sign & Stamp_{Govt}, Dental College & Hospital, Dean/Principal/Head of Institute Date: / /

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

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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:- Ellowship in Oral I mplandlegy

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

33

A) GeneralExperience

Designation	From	То	Total perio	dYear/Months
Aspislant	· 23/07/10 2 20/05/13	0 19/05/13 2 15/09/14	11 years	6 months
· · · · · ·	3 18 09/15	3. Till dale		Section and the
KO ciate Profuso	16/09/14	017/09/15	1 year	2

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

Designation	From	То	Total period	dYear/Months
Asacchant Professor	1)23/07/10 20/05/13	019/05/13	llyears	6mr.ahs
Associate	016/09/14	@ 12/09/15	lyean	- Contraction of the

(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 Cepartment विविधाः महा विकासना सीम् मान्यत्या

Sign &Stamp Dean/Principal/Head ofInstitute e & Hospital, Date: / /

Name of Inspectors		Signature of Inspectors
1)	Chairman	The second s
2)	Member	
3)	Member	A STATE OF STATE
4)	Member	

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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. fallavi Sorpimpale has worked in the Department Periodontology Training Centre as per following following details

A) GeneralExperience

Designation	From	Тө	Total peri	iodYear/Months
Assistant Professor.	26/7/2010	29/1/2011	B	6 months
Assistant Professor Aristant Professor	1/2/2011	till date	12 yrs.	

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

Designation	From	То	Total period	Year/Months
Asietant profession	1/2/2011	30/1/20213	1 year.	
Asistant Polesole	5/9/2015	Till date	Tyears	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: data atta atta

Sign & Stamp Govt. Dental College & Hospital Dean/Principal/Head ofIrfstitute Date: / /

Name of Inspectors		
Chairman		
Member		
Member	1.56.74	
Member		
	Chairman Member Member	

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

Title of the Course applied for: FORENSIC ODONTOLOGY

This to Certify that Dr. AKSHAY DHOBLEY has worked in the Department of OPAL PATHOLOGY MICHOBIOLOGY Training Centre as per following details

A) General Experience

Designation	From	То	Total perio	odYear/Months
PROFESSOR	27 7 2020	Tilldate	Zyears	Funonths
Associate fao	01082014	26/07/2020	Gycan	STO STO STO
	24 7 2010	3172014	4 ym	

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

Designation	From	To	Total period	Year/Months
PROFESSOR ASSO. Prof.	27/7/2020	Till date 26/07/2020	Byean Gyrs.	Furantus
Asst. Purt	24/7/2010	31/7/2014	4ym.	-

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

Department of Oral Pathology & Microhiology Government Dental College & Hospital Nagpur

Sign & Star Dean/Principal/Head of institute DateDev

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

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) GeneralExperience

Designation	From	То	Total peri	od Year/Months
-		-	-	-

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

Designation	From	То		period 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)

Heat Sign&Stamp

Head of the Department Date: 07 /Bept 26 26 of Dept 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	

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 <u>& Radiology</u>** Training Centre as per following details

C) GeneralExperience

From	То	Total perio	d Year/Months

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

Designation	From	То		Fotal perio ar/Month/I	
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 Dept. Head of the Department edicine & Radiology Date: 070/001 Densit Sollege & Hospital, Nagpur. Sign & Stamp College & Hospital, Dean/Principal/Head ofInstitute Date: / /

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

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) GeneralExperience

Designation	From	То	Total period Year/Month

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

Designation	From	То		l period /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	20/102013	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 Departmented of Dapt. Date: 07 /02 /12 and Dral Medicine & Radiology Gove Dented To re & Hospital, Nagpur Sign &Stamp Dean/Principal/Head ofInstitute Date: / /

Govt. Derital College & Hospital, Nagpur

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

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) GeneralExperience

Designation	From	То	Total period Year/Months

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

Designation	From	То		l period /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. Head of the Deparamenticine & Radiology Date: Gov Dental College & Hospital, Nagpur.

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

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

Professional Teaching Experience Certificate for Fellowship Mentor

Title of the Course applied for:- Imaging in Dentistry

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

I) GeneralExperience

Designation	From	То		al period ar/Month
Senior Lecturer	1/8/2006	31/8/2007		1 yr
Senior Lecturer	16/1/2009	21/5/2009	0	4month s

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

Designation	From	To		l period Ionth/Da	ay
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 DepartmenDept. Dept. of Oral Medicine & Radiology Date: W. Dental College & Hospital, Nagpur. Sign & Stamp Dean / Dean/Principal/Head ofInstitute Date: / /

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 Cermetic dentismy

This to Certifythat Dr. Sulabla A Radle has worked in the Department ofC.D. JEX.X. ATIVE LEDTISMY E ENDODEDTICS GROUND Training Centre as per following details

A) GeneralExperience

2

Designation	From	То	Total per	iodYear/Months
Appistant Profession	21/01/2011	25 07 2017	6 yop	6 months
Appociate Professor	26 107 12017	till date	5 485	6 months

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

Designation	From	То	Total period	Year/Months
A\$\$istant professoz	21/01/2011	25/07/2017	6 40×	6 monthys
Aspociate Protessor	26/07/2017	till date	5 YOK	6 months

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

Dr. MANJUSHA M. WARHADPANDE Sign&Stamp **PROFESSOR & HEAD** Head of the Department

Date: 3 /2 /2023

Sign &Stamp Dean/Principal/Head ofInstitute Date: / /

Name of Inspectors	
Chairman	
Member	
Member	
Member	
	Chairman Member Member

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

Title of the Course applied for:- Fellowship in endodortics

This to Certifythat Dr. 3 (196) A Radke has worked in the Department of CONSErvative dentising & ended entrise GOCHMag Training Centre as per following details

A) GeneralExperience

6 Yop	6 months
1 1	0 /. 0 . // ys
5 40%	6 month/s
	5 yrs x 12 4

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

Designation	From	То	Total perio	dYear/Months
Appistant Porteppor	21/01/2011	25/07/2017	6 483	6 months
A & sociate professor	26/07/2017	till date	5 40%	6 months

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

Dr. MANJUSHA M. WARHADPANDE **PROFESSOR & HEAD** Sign&Stamp CONSERVATIVE OF WISTRY Head of the Department A GPIIS

Date: 3 /2 /2023

& Hospital,

Sign &Stamp 7 Dean/Principal/Head ofInstitute Date: / /

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: ENDOPONTICS (FELLOWSHIP)

This to Certifythat Dr. SADHANA RAINA has worked in theDepartment of CONSER VATIVE DENTISTRY AND ENPOPONTICS Training Centre as per following details GDC, NAGPUR

A) GeneralExperience

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Designation	From	То	Total periodYear/Months
ASSISTANT PROFESSOR.	21.01.2011	2.05.2018	212 YEARS
ASSOCIATE PROFESSOR	03 05 2018	till to date	

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

Designation	Designation From To		Total periodYear/Months		
ASSISTANT PROFESSOR	21 01 20L1	2.05.2018	2 12 YEARS		
ASSOCIATE PROFESSORS	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** Sign&Stamp G.D.C.H. NAGPUR

Head of the Department Date: 3 /2 /2023

tal College & Hospital, Nagour

Sign &Stamp Nagour Dean/Principal/Head ofInstitute Date: / /

Name o	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 COSMETIC DENTISTRY

This to Certifythat Dr. SADHANA RAINA has worked in theDepartment of CONSERVATIVE DENTISTRY AND ENDODONICS. Training Centre as per following details GDC, NAGPUR.

A) GeneralExperience

6

Designation	signation From To		Total periodYe	ar/Months
ASSISTANT PROFESSOR.	21.01.2011	2.05.2018	L 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	То	Total period Year/Months
ASSISTANT PROFESSOR.	21.01.2011	2.05.2018	L12 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** Sign&Stamp Head of the Department

Date: 3 /2 /2023

ean College & Hospital, Nagpur

Sign &Stamp Dean/Principal/Head ofInstitute Date: / /

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:- Felloueship in Endodontics

Lokade has worked in the Department This to Certifythat Dr. of anservative lege & Hospital, Nagpur Senta details

A) GeneralExperience

Designation	From	То	Total period Year/Months
Asst: Professor Reabler	20 5 2008	Till Date	14 year's 8 months

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

Designation	From	То	Total periodYear/Months	
Asst. Professo Reader.	20/05/2008	Till Date	14 years	8 months

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

Sign&Stamp^{CONSERVATIVE DENTISTRY} G.D.C.H. NAGPUR Head of the Department Date: 3 /2 / 2023

. Dental College & Hospital, Sign & Stamp Nagpur Dean/Principal/Head ofInstitute

Date: / /

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 Cosmetic Dentistry

A) GeneralExperience

Designation	From		То		Total peri	odYear/Months
Assit Professo Reader	20/05/2008	Till	Date	14	years	8 months

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

Designation	From	То	Total period)	ear/Months
Asst Professor Reador	20/05/2008	Till Date	14 years	8 months

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

G. D.C.H. NAGPUR Head of the Department

Date: 3 /2 /2023

Dean Dental College & Hospital,

Sign &Stamp Nagour Dean/Principal/Head ofInstitute Date: / /

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 Endedonties

This to Certify that Dr. Yogesh. V. Rathod has worked in the Department of Conservative Dentistry and Enclodents & Grove Dental Training Centre as per following details College Shospital Nappur

A) GeneralExperience

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

Designation	From	То	Total period	Year/Months
Add professor	25/7/2011	-Till Date.	11 years's	•
	8. ⁰			

(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 Sign&Stamp CONSERVATIVE DENTISTRY Head oftheDepartment

Date: 3 /2 / 2023

Dean Pental College & Hospital, Nacpur Sign & Stamp

Dean/Principal/Head ofInstitute Date: / /

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 cosmetic Dentisty

This to Certify that Dr. Jogesh V. Rathod has worked in the Department of Conservative Dentising and Encladonthics Government details College & Hospital Nagpur

A) GeneralExperience

Designation	From	То	Total perio	odYear/Months
Reader	03/02/2016	03/10/2017	18 months	
Asst. professor	2517111 - 03/02/ 05110117 - Til Da	24/6	g year 6 Month	Totali - 11 years

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

Designation	From	То	Total periodYear/Mo	nths
Asst. professort Reades	25/7/11	Till Date	11 7-0075	

(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 Sign&Stamp CONSERVATIVE OF WISTRY Head of the Department

Date: 3 /2 /2023

Sign & Stamp

Dean

Dean/Principal/Head ofInstitute Date: / /

Chairman Member	
Member	
Member	
Member	

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

Title of the Course applied for:- FELLOWSHIP IN ENDODONTICS

This to Certifythat Dr. SHUBHA HEGDE has worked in the Department of CONSERVATIVE DENTISTRY & ENDODONTICS. Training Centre as per following details GOVT DENTAL COLLEGE & HOSPITAL, NAGPUR.

A) GeneralExperience

Designation	From	То	Total periodYear/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	То	Total periodYear/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 Sign&Stamp^{CONSERVATIVE DENTISTRY} G.D.C.H. NAGPUR Head oftheDepartment Date: 3 /2/2023

Sign & Stamp Nagpur

Dean/Principal/Head ofInstitute 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 DENTISTRY

This to Certifythat Dr. SHUBHA HEGDE has worked in theDepartment of CONSERVATIVE DENTISTRY & ENDODONTICS. Training Centre as per following details GOVT DENTAL COLLEGE & HOSPITAL, NAGPUR

A) GeneralExperience

Designation	From	То	Total periodYear/Months
ASST PROFESS	7/9/2011	Till Date	10 YEARS.

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

Designation	From	То	Total periodYear/Months
ASST PROFESS	× 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 Sign&Stamp CONSERVATIVE DENTISTRY Head of the Department Date: 3 / 2 / 2023 Sign & Stamp

Dean/Principal/Head ofInstitute Date: / /

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