

ANNEXURE- XVII

**Forms for Fellowship/
certificate course**

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-2024

(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 Peler (9309995712) Dr. Pallavi Sonpinpale (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 Gangotn (7030335506)
05	Fellowship in Asthetic Dentistry	2022-23	05	Dr. Ashita Kalaskar (8550928585) Dr. Amit Parate (9370998219) Dr. Shailesh Gondivker (9604121273) Dr. Pawan Motghare (9822710845) Dr. Shweta Gangotn (7030335506)
06	Fellowship in Forensic Dentistry (Odontology)	2022-23	05	Dr. Akshay Dhobley (9822738646) Dr. Dipak Glutage (9271418566)
07	Fellowship in Endodontics	2022-23	05	Dr. Sulbha Radke (9823262628) Dr. Sadhana Raina (9423685967) Dr. Jyoti Wankhade (9552981779)

				Dr. Shubha Hegde (9011551200)
	Fellowship in Minor Oral Surgery	2023- 24	10	Dr. Prashant Pandilwar Dr. Varsha Manekar Dr. Shweta Kamble Dr. Surendre Daware Dr. Archana Deshpande Dr. Vandana Gadve
	Fellowship in Sport Dentistry	2023- 24	05	Dr. Ritesh Kalaskar (8550938585) Dr. Nupur Ninawe (9923765602) Dr. Arti Dolas
	Fellowship in Digital Dentistry	2023- 24	05	Dr. Ashita Kalaskar 8550928585 Dr. Amit Parate 9370998210 Dr. Shailesh Gondivkar 9604121273 Dr. Pawan Motghare 9822710845 Dr. Shweta Gangotri 8788211082

(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. 2017 – 2018	Craniofacial Trauma	02	01
2	A.Y. 2021– 2022	Dental Rehabilitation of Pediatric Patients	02	01
3	A.Y. 2022 – 2023	Fellowship in Oral Implantology	10	10
4	A.Y. 2022 – 2023	Fellowship in Imaging in Dentistry	10	00
5	A.Y. 2022 – 2023	Fellowship in Asthetic Dentistry	05	02
6	A.Y. 2022 – 2023	Fellowship in Forensic Dentistry (Odontology)	05	00
7	A.Y. 2022 – 2023	Fellowship in Endodontics	05	05
8	A.Y. 2023 – 2024	Fellowship in Minor Oral Surgery	10	--
9	A.Y. 2023 – 2024	Fellowship in Sport Dentistry	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:- Dental Rehabilitation of Pediatric PatientsThis to Certify that Dr. Ritesh Kalaskar.....has worked in the Department of G.D.C.H., Nagpur.....Training Centre as per following details**A) General Experience**


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

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

Designation	From	To	Total period Year/Months	
			Year	Months
<u>Professor</u>	<u>27/6/2003</u>	<u>Till date</u>	<u>20</u>	<u>00</u>

(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
Govt. Dental College & Hospital,
Dean/Principal/Head of Institute
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:- Sport Dentistry

This to Certify that Dr. Ritesh Kalaskar has worked in the Department of G.D.C.H., 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/Months	
<u>Professor</u>	<u>27/8/2003</u>	<u>Till date</u>	<u>20yrs</u>	

(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
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:- Sport DentistryThis to Certify that Dr. Nupur Ninawe has worked in the Department of 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/Months	
<u>Associate Professor</u>	<u>3/5/21</u>	<u>Till date</u>	<u>13 yrs</u>	

(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
 Govt. Dental College & Hospital, Institute
 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:- Spoke DentistryThis to Certify that Dr. Arati Dolas has worked in the Department of 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/Months	
associate professor	1/8/23	Till date	7 years	4 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
Govt. Dent. College/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:- Minor Oral SurgeryThis to Certify that Dr. Prashant Pandurang 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

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

Designation	From	To	Total period	Year/Months
Assistant Professor	1/8/2008	7/1/16	7 yr	4 months
Associate Professor	21/1/2016	Till to date	7 yr	

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

Kandh

Sign & Stamp
Head of the Department
Date: 3/1/2024

प्रमुख व विभाग प्रमुख
विभाग, राज विभाग,
राज विभाग व राज विभाग
नगर

[Signature]

Sign & Stamp
Dean
Govt. Dental College & Hospital,
Date: 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/Certificate Courses
Director/Mentor**Title of the Course applied for:- Minor Oral SurgeryThis to Certify that Dr. Vaishali Manekar..... 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	

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

Designation	From	To	Total period Year/Months	
Assistant Professor	1/11/2000	31/6/2010	9 yr	7 month
Associate Professor (GDCH Mumbai)	1/7/2010	25/3/2013	2 yr	8 month
Associate Professor (GDCH, Nagpur)	26/3/2013	Still to date	10 yr	9 month

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

V. Sande
 प्राध्यापक व विभाग प्रमुख
 Sign & Stamp
 Head of the Department
 Date: 3/1/2024

Dean
 Sign & Stamp
 Gov. Dental College & Hospital, Institute
 Date: 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/Certificate Courses
Director/Mentor**Title of the Course applied for:- Minor Oral SurgeryThis to Certify that Dr. Shweta R. Kamble (Sanwade) 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

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

Designation	From	To	Total period Year/Months
Assist. Professor	21/12/1999	22/08/2014	12 yr 8 months
Associate Professor	23/8/2004	15/10/2016	11 yr 2 months
Professor	17/10/2016	Still to date	7 yr 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)

K. R. Kamble
 प्राध्यापक व विभाग प्रमुख
 Sign & Stamp
 Head of the Department
 Date: 3/1/2024

[Signature]
 Sign & Stamp
 Dean/Principal/Head of Institute
 Govt. Dental College & Institute
 Date: / / 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/Certificate Courses
Director/Mentor**Title of the Course applied for:- Minor Oral SurgeryThis to Certify that Dr. Surendra Daware 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	

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

Designation	From	To	Total period Year/Months	
1) Assistant Profe (SOKSOTCH) SSOH	24/8/12	31/7/14	2 yr	
2) Assistant Professor GDCM Nag	17/3/2015	Till to date	8 yr	9 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: 3/11/2024
नामपुर

Sign & Stamp
Dean
Date: /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/Certificate Courses
Director/Mentor**Title of the Course applied for:- Minor Oral SurgeryThis to Certify that Dr. Vandana Gade 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	

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

Designation	From	To	Total period Year/Months	
Assistant Professor	25/7/23	Till to date	6 yr.	3 month

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

Randh
 प्राध्यापक व विभाग प्रमुख
 मुख्यमंत्री चिकित्सा काल विभाग,
 शासकीय दंत चिकित्सालय व हॉस्पिटल,
 Nagpur
 Sign & Stamp
 Head of the Department
 Date: 3 / 1 / 2024

[Signature]
 Sign & Stamp
 Dean/Principal & Hospital
 Govt. Dental Hospital, Nagpur
 Date: / 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/Certificate Courses
Director/Mentor**Title of the Course applied for:- Minan Oral SurgeryThis to Certify that Dr. Archana Deshpande 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	

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

Designation	From	To	Total period Year/Months	
Assistant Professor	25/7/2017	Till today	6 yrs	3 month

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

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प्राध्यापक व विभाग प्रमुख
 Sign & Stamp
 Head of the Department
 Date: 3/1/2024

Handwritten
 Sign & Stamp
 Dean
 Govt. Dental College & Hospital
 Date: 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/Certificate Courses
Director/Mentor**Title of the Course applied for:- **Fellowship In Forensic Odontology**

- 1) This to Certify that Dr. **Dr.Dipak Ghatage** 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	
			Year	Months
Lecturer/Asst. Professor	11.10.2010	08.10.2012	1 yr	11m 27days
Lecturer/Asst. Professor	09.10.2012	15.04.2015	2yrs	6m 6days
Reader/Associate Professor	16.04.2015	11.07.2016	1yrs	2m 25days
Reader/Associate Professor	11.07.2016	31.12.2018	2yrs	5m 19days
Reader/Associate Professor	01.03.2021	Till Date	2yr	15days

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

Designation	From	To	Total period Year/Months	
			Year	Months
Lecturer/Asst. Professor	11.10.2010	08.10.2012	1 yr	11m 27days
Lecturer/Asst. Professor	09.10.2012	15.04.2015	2yrs	6m 6days
Reader/Associate Professor	16.04.2015	11.07.2016	1yrs	2m 25days
Reader/Associate Professor	11.07.2016	31.12.2018	2yrs	5m 19days
Reader/Associate Professor	01.03.2021	Till Date	2yr	15days

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

- 2) This to Certify that Dr. **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	
			Year	Months
Lecturer/Asst. Professor	24.07.2010	31.07.2014	4 yrs	8 days
Reader/Associate Professor	1.08.2014	31.10.2015	1yrs	3 months
Reader/Associate Professor	02.11.2015	30.11.2017	2yrs	1 month
Reader/Associate Professor	02.12.2017	26.07.2020	2yr	8 months 25 days
Professor	27.07.2020	Till Date	3 yrs	5 months

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

Designation	From	To	Total period Year/Months	
			Year	Months
Lecturer/Asst. Professor	24.07.2010	31.07.2014	4 yrs	8 days
Reader/Associate Professor	1.08.2014	31.10.2015	1yrs	3 months
Reader/Associate Professor	02.11.2015	30.11.2017	2yrs	1 month
Reader/Associate Professor	02.12.2017	26.07.2020	2yr	8 months 25 days
Professor	27.07.2020	Till Date	3 yrs	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)

3) This to Certify that Dr. **Dr.Devendra Palve** 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	
			Year	Months
Lecturer/Asst. Professor	29.03.2004	28.03.2007	3 yrs	
Reader/Associate Professor	29.03.2007	28.03.2012	5 yrs	
Professor	29.03.2012	18.09.2021	9 yrs	6 months
Professor	16.06.2022	31.07.2023	1 yr	1 month
Reader/Associate Professor	01.08.2023	Till Date		5 months

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

Designation	From	To	Total period Year/Months	
			Year	Months
Lecturer/Asst. Professor	29.03.2004	28.03.2007	3 yrs	
Reader/Associate Professor	29.03.2007	28.03.2012	5 yrs	
Professor	29.03.2012	18.09.2021	9 yrs	6 months
Professor	16.06.2022	31.07.2023	1 yr	1 month
Reader/Associate Professor	01.08.2023	Till Date		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)

for *Dr. Devendra Palve*
 Sign & Stamp
Professor & HOD
 Head of the Department
 Department of Oral Pathology & Microbiology
 Government Dental College & Hospital
 Nagpur

Dr. Devendra Palve
 Sign & Stamp
Dean
 Govt. Dental College & Hospital
 Head of Institute
 Date: *16/08/2023*