# 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	. 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 (8s509285E5) Dr Amit Parate (937099E219) Dr. Shailesh Gondivker (9604121273) Dr. Pawan Motghare (9822710845) Dr. Shweta Gangotn (703033 5506)
	Fellowship in Forensic Dentistry (Odontology)	2022-23		Dr. Akshay Dhobley (9822738646) Dr- Dipak Glutage (9271418566)
	Fellowship in Endodontics  C_2024-25\LIC_Form\LIC_Form_Dental	2022-23 01122023.docx 56	05	Dr. Sulbha Radke (9823262628) Dr. Sadhana Raina (9423685967) Dr. Jyoti Wankhade (9552981779)

Fellowship in Minor Oral	2000 01		Dr. Shubha Hegde (9011551200)
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 Cap	pacity	No. of Students Admitted
1	A.Y. 2017 – 2018	Craniomaxillofacial Traum	a 02	01	(In figure only)
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	
3	A.Y. 2023 – 2024	Fellowship in Minor Oral Surgery	10	-	
9	A.Y. 2023 – 2024	Fellowship in Sport Dentistry	05		- ya

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Designation	From	То		Total peri	odYear/Months
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Professor	27/6/2003	Till date	2	Total period	rear/Months
is mandatory to atconcerned Fellows on & Stamp ad of the Department in the control of the Department in the control of the con	mp/ Certificate Cours	notocopy of the Experie			Mentor in the Subject  Hospital, Al/Head of Institute
	Name of Inspec	tors		Signature	of Inspectors
		Chairr	nan		
		Meml	oer		
		Memi	oer		
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Title of the Course a	pplied for: Sp.S	rt Dentistry	<b>4</b>	
details	nag pur	ulaskar	has v	worked in the Department Centre as per following
A) General Experier	nce			
Designation	From	То	Total per	iodYear/Months
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B) Actual experience Designation	ce in the subject o	f concerned Fellow To	ship/Certificate Cou Total period	urse applied for :-  Year/Months
Professor	27 6 2003	Till date	20yrs	
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Sign & Stamp			Sign & Sta	wan /
Head of the Departm	ent		Over Depth &	plante alost Mastitute
Date: / /			Date: / N	gpur
N	lame of Inspect	tors	Signature	e of Inspectors
1)		Chair	rman	

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

of	Nagpur		Trainir	s worked in the Departr ng Centre as per follov
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Designation	From	То		dYear/Months
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Professor				
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		Chairn		e of Inspectors
		Memb	er	

Member
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General Experie		L		
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Actual experience Designation	ce in the subject o	of concerned Fellows		
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Name of I	nspectors	Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

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

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Professor	17/10/2016	Jill to date	7	yn 3 m on th	
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2)		Mem	ber		
3)		Men	ber		

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etails ) <b>General Experie</b> i	nce			
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ate: 3/1/20	नागुर			
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ate: 3/1/20		Chairm		re of Inspectors
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Oural	L. Manillafaci	al Surgery	Traini	s worked in the Departr ng Centre as per follov
General Experien	ce	*		
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Professor	. 43/1/2017	Jill todak	6 Av	5 m in th
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# Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- Fellowship In Forensic Odontology

This to Certify that Dr. <u>Dr.Dipak Ghatage</u> has worked in the Department of <u>Oral Pathology &</u>
 <u>Microbiology</u> Training Centre as per following details

#### A) General Experience

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

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

Designation	From	To		periodYear/Months
Lecturer/Asst. Professor	11.10.2010	08.10.2012		
Lecturer/Asst. Professor	09.10.2012		1 yr	11m 27days
Reader/Associate Professor	16.04.2015	15.04.2015	2yrs	6m 6days
Reader/Associate Professor	The state of the s	11.07.2016	1yrs	
Pender/Associate Pulessor	11.07.2016	31.12.2018		2m 25days
Reader/Associate Professor	01.03.2021	Till Date	2yrs	5m 19days
t is mandatory to attack		I III 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. <u>Dr.Akshay Dhobley</u> has worked in the Department of <u>Oral Pathology & Microbiology</u> Training Centre as per following details

#### A) General Experience

Designation	From	То	Total period Year/Months	
Lecturer/Asst. Professor	24.07.2010		1012	period rear/Months
Reader/Associate Professor	1.08.2014	31.07.2014	4 yrs	8 days
Reader/Associate Professor		31.10.2015	1yrs	
Ponday/A	02.11.2015	30.11.2017	Control of the Contro	3 months
Reader/Associate Professor	02.12.2017	26.07.2020	2yrs	1 month
Professor	27.07.2020		2yr	8 months 25 days
	21.01.2020	Till Date	3 yrs	5 months

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

Designation	From To To		T	ourse applied for: - I period Year/Month:
Lecturer/Asst. Professor	24.07.2010		1000	period rear/lylonths
Reader/Associate Professor		31.07.2014	4 vrs	9 days
Pooder/Asses 1 P	1.08.2014	31.10.2015		8 days
Reader/Associate Professor	02.11.2015	30.11.2017	1yrs	3 months
Reader/Associate Professor	02.12.2017		2yrs	1 month
Professor		26.07.2020	2yr	8 months 25 days
	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. <u>Dr.Devendra Palve</u> has worked in the Department of <u>Oral Pathology &</u> Microbiology Training Centre as per following details

#### A) General Experience

Designation	From	То	Total periodYear/Month	
Lecturer/Asst. Professor	29.03.2004			
Reader/Associate Professor		28.03.2007	3 yrs	
Professor	29.03.2007	28.03.2012	5 yrs	
Professor	29.03.2012	18.09.2021	9 yrs	1
	16.06.2022	31.07.2023		6 months
Reader/Associate Professor	01.08.2023		l yr	1 month
	01.00.2023	Till Date		5 months

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

Designation	From	То	To Total period	
Lecturer/Asst. Professor	29.03.2004	28.03.2007	1 2	
Reader/Associate Professor	29.03.2007	28.03.2012	3 yrs	
Professor	29.03.2012		5 yrs	
Professor		18.09.2021	9 yrs	6 months
Reader/Associate Professor	16.06.2022	31.07.2023	1 yr	
Noddon/Associate Professor	01.08.2023	Till Date	1	1 month 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)

Department de of the Property Microbiology

GovDatieent Dental/College & Hospital

Nagpur

Sign & Stand

GovDean/Principal/Head of Institute

Date: Nac'