### ANNEXURE

ANNEXURE- VIII

# 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	1. Name(s) of the Fellowship/Certificate Course(s)	rse(s)		
Sr. No.	Name of the Fellowship/Certifica te Course	from the Academic Sanctioned by Year the University	Intake Capacity Sanctioned by the University	Name of Mentora nd Contact
				200
01	Hepatology Fellowship		02	Dr. Akash Shukla
				(98692563 76)
02				

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

Vears

years				
Sr. No.	Academic Year	Name of Fellowship / Intake Certificate Course Capaci	₹ t	No. of Students Admitted (In figure only)
-	A.Y. 20 18 – 2019	Hepatology fellowship 02	02	01
2	A.Y. 2019 – 2020	Hepatology fellowship   02	02	02
8	A.Y. 2020 – 2021	Hepatology fellowship 02	02	-
4	A.Y. 2021 – 2022	Hepatology fellowship 02	02	01
2	A.Y. 2022 – 2023	Hepatology fellowship 02	02	0

Seth G. S. Medical College, Acharya Donde Marg, Parel Mumbai - 400 012. INDIA. Dr. Karish Pathak Academic Dean

### ANNEXURE- VIII

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)

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
1	MUHS Fellowship in Neonatology	2013	2	1) Dr. Anitha Ananthan (Haribalakrishna) – 9769660870, 2) Dr. Ruchi Nanavati - 9820127317

(Attach separate List if necessary)

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

No.	Academic Year	Name of the Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (in figure only)
1	A.Y. 2019 - 2020	MUHS Fellowship in Neonatology	2	1
2	A.Y. 2020 – 2021	MUHS Fellowship in Neonatology	2	. 0
3	A.Y. 2021 – 2022	MUHS Fellowship in Neonatology	2	0
4	A.Y. 2022 – 2023	MUHS Fellowship in Neonatology	2	2
5	A.Y. 2023 – 2024	MUHS Fellowship in Neonatology	2	1

Dr. Anitha Haribalekrishna
Dr. Anitha Haribalekrishna
Associate Professor & Head (Incharge)
Department of Neonatology
Department of Neonatology
Seth G. S. Medical College & K.E.M. Hospital,
Parel, Mumbai - 400 012.

Dr. Harish Pathak Academic Dean Seth G. S. Medical College, Acharya Donde Marg, Paret, Mumbai - 400 012, IND

Date :- 08.12.2023 ANNEXURE- VIII

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

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

	(e) et alle t elle ttellip; eet alleete			
			Intake	
			Capacity	
			sanctione	
	Name of the	Course started from the	d by the	
Sr. No.	fellowship/Certificate course	Academic Year	university	name of Mentorand Contact Details
	1 Joint Replacement Surgery	2023	2	1. Dr. M. M. Desai, 9892275697
				2. Dr. S. S. Mohanty, 9869794189
	2 Spine Surgery	2023	2	1.Dr. Tushar Rathod, 9833578559
				2. Dr. Sandeep Sonone, 9820042840
	3 Arthroscopy	2023	2	1.Dr. Sujata Aiyer, 9819277800
				2. Dr.Roshan Wade, 9820050701

2. Year- wise number of students admitted to fellowship/certificate course during last 5 years						
	N	Name of fellowship/	Intake			
Sr. No.	Academic Year	Certificate course	Capacity	No. of students admitted		
1	A.Y.2023-2024	Joint Replacement Surgery	2		1	
		Spine Surgery	2		1	
		Arthroscopy	2		2	

HOD Siign & Stamp

Dr. M. M. Dosai Dessor & Head Dess. at of Orthopaedics K.E.M. Hosp. & Seth G.S.M. Colle Parel, Mumbal-400 012. Dean Sign & Stamp

Dr. Harish Pathak Academic Dean Seth G. S. Medical College, Acharya Donde Marg, Parel, Mumbai - 400 012, INDIA.



### **ANNEXURE-VIII**

### FORFELLOWSHIP/CERTIFICATECOURSE(S)FORA.Y.20.....-20......

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule/Guidelines) and the Sciences Act, 1998 and University Rule/Guidelines (Asper provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule/Guidelines).

Sur Gastro

		-1/2.00	
Dateofinspection	:		

### 1. Name(s)oftheFellowship/CertificateCourse(s)

Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	IntakeCapacity Sanctioned by the University	Name of Mentorand Contact Details
			NPX.org
	Fellowship/Certifica	Fellowship/Certifica Started teCourse from the	Fellowship/Certifica Started Sanctioned by teCourse from the the University

(AttachseparateListifnecessary)

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

Sr. No.	Academic Year	NameofFellowship/ Certificate Course	IntakeCapacity	No.ofStudents Admitted (Infigureonly)
1	A.Y.2016 –2017	Fellowship Course in HPB & Minimal Access Surgery	2 each	1each
2	A.Y.2017. –2018.	Fellowship Course in HPB & Minimal Access Surgery	2 each	1each
3	A.Y.2018. –2019	Fellowship Course in HPB & Minimal Access Surgery	2 each	1each
4	A.Y.2019. –2020	Fellowship Course in HPB & Minimal Access Surgery	2 each	1each
5	A.Y.2021. –2022	Fellowship Course in HPB & Minimal Access Surgery	2 each	1each

Dr. Mohan Desai Medicai Superintendent Dr. Chetan Kantharia
Professor & Head
Surgical Gastroepterology
KEM Hospital

### FORFELLOWSHIP/CERTIFICATECOURSE(S)FORA.Y.20.....-20......

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule/Guidelines)

Dateofinspection	:	

### 1. Name(s)oftheFellowship/CertificateCourse(s)

Sr. No.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	IntakeCapacity Sanctioned by the University	Name of Mentorand Contact Details
01				
02				
03				
04				
05				
06				
07				

(AttachseparateListifnecessary)

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

Sr. No.	Academic Year	NameofFellowship/ Certificate Course	IntakeCapacity	No.ofStudents Admitted (Infigureonly)
1	A.Y.2016 –2017	Fellowship Course in HPB & Minimal Access Surgery	2 each	1each
2	A.Y.2017. –2018.	Fellowship Course in HPB & Minimal Access Surgery	2 each	1each
3	A.Y.2018. –2019	Fellowship Course in HPB & Minimal Access Surgery	2 each	1each
4	A.Y.2019. –2020	Fellowship Course in HPB & Minimal Access Surgery	2 each	1each
5	A.Y.2021. –2022	Fellowship Course in HPB & Minimal Access Surgery	2 each	1each

Dr. Chetan Kantharia

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Page15of15

Dr. Mohan Desai

Medical Superintendent

KFM Hospital

## 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

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

itact	878
Name of Mentor and contact Details	Dr Neeraj Jain/ 9930715878
Intake Capacity Sanctioned by the University	2
Course Started from the academic Year	2015
Name of the Fellowship / Certifacte Course	Fellowship in Epilepsy course
Sr.No.	1

		Name of Fellowship/	Intake	No. of Students admitted (in
Sr.No.	Academic rear	certificate Course	Capacity	figure only)
1	2019-2020	Fellowship in Epilepsy course	2	2
2	2020-2021	Fellowship in Epilepsy course	2	2
8	2021-2022	Fellowship in Epilepsy course	2	2
4	2022-2023	Fellowship in Epilepsy course	2	1
5	2023-2024	Fellowship in Epilepsy course	2	0

### FORFELLOWSHIP/CERTIFICATECOURSE(S)FORA.Y.20.....-20......

(AsperprovisionsoftheMaharashtraUniversityofHealthSciencesAct, 1998andUniversityRule/Guidelines)

Date of Inspection	: 2022		
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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 Mentorand Contact Details
01	Clinical Nephrology	2018	2	Dr. Tukaram Jamale
02	Dialysis Medicine	2018	2	Dr. Tukaram Jamale (+91 91674 60362)

(Attach separate List if necessary)

Sr. No.	Academic Year	Name of Fellowship/ Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y.2018 - 2019	Dialysis Medicine	2	0
2	A.Y.2019 - 2020	Clinical Nephrology	2	0
3	A.Y.2020 – 2021	Clinical Nephrology	2	0
4	A.Y.2021 - 2022	Dialysis Medicine	2	0
5	A.Y.2021 - 2022	Clinical Nephrology	2	2
6	A.Y.2022 – 2023	Dialysis Medicine	2	0
7.	A.Y.2023 –2023	Clinical Nephrology	2	2

### **ANNEXURE-VIII**

### FORFELLOWSHIP/CERTIFICATECOURSE(S)FORA.Y.20.....-20......

(As per provisions of the M a harashtra U niversity of H ealth S ciences A ct, 1998 and U niversity R ule/G uidelines)

Date of Inspection $: 2022$	Date of Inspection	: 2022				
-----------------------------	--------------------	--------	--	--	--	--

### 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 Mentorand Contact Details
01	Clinical Nephrology	2018	2	Dr. Tukaram Jamale
02	Dialysis Medicine	2018	2	Dr. Tukaram Jamale (+91 91674 60362)

(Attach separate List if necessary)

Sr. No.	Academic Year	Name of Fellowship/ Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y.2018 - 2019	Dialysis Medicine	2	0
2	A.Y.2019 – 2020	Clinical Nephrology	2	0
3	A.Y.2020 – 2021	Clinical Nephrology	2	0
4	A.Y.2021 – 2022	Dialysis Medicine	2	0
5	A.Y.2021 - 2022	Clinical Nephrology	2	2
6	A.Y.2022 – 2023	Dialysis Medicine	2	0
7.	A.Y.2023 –2023	Clinical Nephrology	2	2

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### ANNEXURE-VIII FORFELLOWSHIP/CERTIFICATECOURSE(S)FORA.Y.20.....-20......

(Asper provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule/Guidelines)

Date of Inspection	:	
1. Name(s)ofth	Fellowship/CertificateCourse(s)	

Sr. No.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	IntakeCapacity Sanctioned by the University	Name of Mentorand Contact Details
01	Fellowship Course in Diagnostic Dermatology	2009	2	Dr. Vidya Kharkar Dr. Sunanda Mahajan Dr. Siddhi Chikhalkar Dr. Prachi Gole
02				
03				
04				
05				
06				
07				

### (Attach separate List if necessary)

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

Sr. No.	Academic Year	NameofFellowship/ Certificate Course	IntakeCapacity	No.ofStudents Admitted (Infigureonly)
1	A.Y.2016 –2017	Fellowship Course in Diagnostic Dermatology	2	2
2	A.Y.2017. –2018.	Fellowship Course in Diagnostic Dermatology	2	2
3	A.Y.2018. –2019	Fellowship Course in Diagnostic Dermatology	2	2
4	A.Y.2019. –2020	Fellowship Course in Diagnostic Dermatology	2	2
5	A.Y.2021. –2022	Fellowship Course in Diagnostic Dermatology	2	2

Dr. VIDYA KHARKAR
Professor & HOD,
Department of Dermalology,
Seth G. S. Medical College &
K. E. M. Hospital, Parel, Mumbai-12

### FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024 - 2025

(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): (Department of Anaesthesiology)

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
1	Fellowship in Gastroenterology Anaesthesia	A.Y.2016 - 17		Dr. Prerana Nirav Shah Mb. 9869117027 Email: preranaps@rediffmail.com Dr. Manali Mohan Nadkarni Mb. 9820235042 Email: manalinad@gmail.com Dr. Sanjeevani Ramdas Zadkar Mb. 9167151512 Email: zsanju1@gmail.com

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

Sr.	Academic Year	Name of the Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (in figure only)
1	A.Y. 2018 - 2019		2	Nil
2	A.Y. 2019 - 2020	Fellowship in	2	Nil
3	A.Y. 2020 - 2021	Gastroenterology	2	Nil
4	A.Y. 2021 - 2022	Anaesthesia	2	2
5	A.Y. 2022 - 2023		2	1

Aghudalka. 7-12-2 (Dr. Amala G. Kudalkar)

(Dr. Amala G. Kudalkar)
Professor & Head
Department of Anaesthesia
PROFESSOR & HEAD

DEPT. OF ANAESTHESIOLOGY SETH G. S. M. C. & K. E. M. H PAREL, DUMBAI - 400 012

### Information to be submitted with respect to newly appointed mentors

<b>Professional Teaching Experience Certificate for Fellows</b>	hip/Cert	ificate Cours	se
Director/Mentor	11	Dalian	11

		Director/M	entor	Not Applicable
Title of the Course	applied for :			
This to Certify that worked in the Department of	eartment of			
Designation	From	То	Total p	eriod Year/Months
				0.10
B) Actual experience applied for :- Designation	From	То		eriod Year/Months
(It is mandatory to a Subjectof concerned			e Experience Certi	ificate of each Mentor in the
Sign & Stamp			Sign 8	& Stamp
Head of the Depar	rtment			Principal/Head of Institute
Date: / /			Date :	1 1
	Name of Ir	nspectors		Signature of Inspectors
1)	2		Chairman	
2)			Member	
			Member	

	Signature of hispectors	
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

### **ANNEXURE-VIII**

### 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)

	T 1
ate of Inspection	

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

Sr. No.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
	Prevention and Control of Infectious Diseases	2019-20	02	Dr. Vijaykumar Singh, 9321019898 Dr. Rupali Sabale, 9833114558

### 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. 2018. – 2019		NA NA	NA NA
2	A.Y. 2019. – 2020	Prevention and Control of		0
3	A.Y. 2020. – 2021	Infectious Diseases	2	0
4	A.Y. 2021 – 2022.		2	2
5	A.Y. 2022 – 2023.		2	

o Dept. of Community Medicine G.S.M.C. & K.E.M. Hospital Parel, Mumbai - 400 012

DEAN
Seth G. S. Medical College
& K. E. M. Hopsital, F

Mumbai - 12.

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

No. of Students Admitted (In figure only)	2	2	C	C		С
Intake Capacity	2	2	2	2	2	2
Name of Fellowship /Certificate Course	Fellowship in Pediatric Intensive Care					
Academic Year	A.Y.2023-2024	A.Y.2022 –2023	A.Y.2021–2022	A.Y.2020 –2021	A.Y.2019 –2020	A.Y.2018 –2019
Sr. No.	1	7	3	4	2	2

DR. SUNIL KARANDE FROFESSOR & HEAD, DEPARTMENT OF PEDIATRICS, SETH G.S. MEDICAL COLLEGE & K.E.M. HOSPITAL, PAREL, MUMBAI - 400 012.

## 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

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

Name of Mentor and Contact Details	Dr. Milind S Tullu Ph: 9869469974	Dr. Jane J.E. David Ph: 9869146151	Dr. Sunil Karande	Ph: 9322934309	Dr. Rajwanti K	Vaswani Ph: 9820879168	Dr. Sunil Karande Ph:9322934309	Dr. Mamta N Muranjan 9920209036
Intake Capacity Sanctioned by The University	2		2				2	
Course Started from the Academic Year	5009		2016				5009	
Name of the Fellowship/Certificate Course	Fellowship in Pediatric Intensive Care			Neurology and Epilepsy			Fellowship in Clinical Genetics	
Sr. No.	01		05				03	

(Attach separate List if necessary)

DP. SUNIL KARANDE PROFESSOR & HEAD,

DEPARTMENT OF PEDIATRICS, SETH G.S. MEDICAL COLLEGE & K.E.M. HOSPITAL, PAREL, MUMBAI - 400 012.

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### FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024 - 2025

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Data	of	Inspection	1.
Date	UI	Inspection	:

### 1. Name(s) of the Fellowship/Certificate Course(s): (Department of Anaesthesiology)

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
1	Fellowship in Regional Anaesthesia	A.Y.2015 - 16	2	Dr. Deepa Ghanashyam Kane Mb. 9619313331 Email: deepakane64@gmail.com Dr. Madhavi Shiva Buddhi Mb. 9969105307 Email: madhavi_70@yahoo.com Dr. Aarti Dwarkanath Kulkarni Mb. 9820452868 Email: aartidk752000@yahoo.com Dr. Nirav Madhusudan Kotak Mb. 8356961931 Email: drnmkotak@yahoo.co.in Dr. Sunil Pandurang Chapane Mb. 9022144500 Email: drgunyalsagar@gmail.com

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

Sr. No.	Academic Year	Name of the Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (in figure only)
1	A.Y. 2018 - 2019		2	2
2	A.Y. 2019 - 2020	Fellowship in	2	Nil
3	A.Y. 2020 - 2021	Regional Anaesthesia	2	2
4	A.Y. 2021 - 2022		2	2
5	A.Y. 2022 - 2023		2	2

Alfudalkar 7:12-23

(Dr. Amala G. Kudalkar)
Professor & Head
Department of Anaesthesia
PROFESSOR & HEAD
DEPT. OF ANAESTHESIOLOGY
SETH G. S. M. C. & K. E. M. H
PAREL, MUMBAI - 400 012

### Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Course

Director/Mentor

Title of the Course applied for :- .....

Designation	From	То	Total	period Year/Months	
			1000	period real/months	
B) Actual experien	nce in the subjec	t of concerned	Fellowship/Certif	icate Course	
Designation	From	То	Total	period Year/Months	
It is mandatory to a Subjectof concerned	attach self-attested d Fellowship/Certi	d Photocopy of ficate Course)	the Experience Cer	tificate of each Mentor in the	
Sign & Stamp			Sign	& Stamp	
Head of the Depar	rtment		Dean/Principal/Head of Institute		
Date: / /			Date	: 1 1	
	Name of In	spectors		Signature of Inspectors	
			Chairman		
1)			the state of the s	the state of the s	
			Member		
1) 2) 3)			Member Member		

### FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024 - 2025

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date	of	Inspect	ion	•
Date	UI	Insherr	IUII	۰۱

### 1. Name(s) of the Fellowship/Certificate Course(s): (Department of Anaesthesiology)

Sr. No.		Course Started from the Academic Year	Intake Capacity Sanctioned by the University	
			2	Dr. Shashikant Sahadev Shinde (Mb. 9920418348) (Email : shash62@yahoo.com)
1	Fellowship in Neuro-Anaesthesia	A.Y.2009 - 10		Dr. Shrikanta Pradyumna Oak (Mb. 9324134023) (Email : shrikanta_oak@yahoo.com)
				Dr. Pallavi Vikram Waghalkar (Mb. 9820492306) (Email : drpallaviw@gmail.com)

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

Sr.	Academic Year	Name of the Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (in figure only)
1	A.Y. 2018 - 2019		2	2
2	A.Y. 2019 - 2020		2	2
3	A.Y. 2020 - 2021	Fellowship in Neuro-Anaesthesia	2	2
4	A.Y. 2021 - 2022	Neuro-Amaestnesia	2	2
5	A.Y. 2022 - 2023		2	2

AGhudalkar. 7-12-23

(Dr. Amala G. Kudalkar)
Professor & Head
Department of Anaesthesia
PROFESSOR & HEAD
DEPT. OF ANAESTHESIOLOGY
SETH G. S. M. C. & K. E. M. H
PAREL, MUMBAI - 400 012

### Information to be submitted with respect to newly appointed mentors

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

Title of the Cour	se applied for :			Not Applicable		
This to Certify the worked in the Defollowing details	epartment of		Traini	ng Centre as per		
A) General Expe	rience					
Designation	Designation From To Total period Year/N					
B) Actual experie applied for :-	ence in the subjec	ct of concerned F	ellowship/Certific	cate Course		
Designation	From	То	Total period Year/Months			
(It is mandatory to Subjectof concern	attach self-atteste ed Fellowship/Cert	ed Photocopy of th tificate Course)	e Experience Cert	ificate of each Mentor in the		
Sign & Stamp			Sign 8	s Stamp		
Head of the Dep Date: / /	artment		Dean/ Date :	Principal/Head of Institute / /		
	Name of Ir	spectors		Signature of Inspectors		
1)			Chairman			
2)			Member			
3)			Member			
4)			Member			

### 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.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	NEUROPATHOLOGY	2008 - 09	2	DR ASHA SHENDY
02				DR ASHA SHENDY 9920711009
03				112011100 )
04				
05				
06				
07				

(Attach separate List if necessary)

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20.23 – 20.24	NEUROPATHOLOGY	02	O I
2	A.Y. 20.22 – 20.23		02	02
3	A.Y. 20.21 - 20.22		02	02
4	A.Y. 20.2.0 – 20.2.1			02
5	A.Y. 20.19 – 20.20			01

### 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)

Data of luces of			
Date of Inspection	<u> </u> :		

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

Sr. No.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	CARDIOVAGULAR	2008-09	02	DR PRADEEP
02	PASHOLOGY			VAIDEESWAR
03				9833509435
04				18 993 0 14 99
05				
06				
07				

(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. 20.23 – 20.24	CARDIOVASCULAR	02	NIL
2	A.Y. 2022-20.23	PATHOLOGY		NIL
3	A.Y. 20.21 - 20.22			01
4	A.Y. 20.20 – 20.2.			NIL
5	A.Y. 20.19 – 20.20			NIL.

A.S. Shemy

### 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)

	Thurs		
Date of Inspection			

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

Sr. No.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	UROPATHOLOGY	2008-09	2	DR GWENDOLYN
02				PERNANDES
03				9819218405
04				
05				
06				
07				

(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. 20.23 – 20.2.4	UROPATHOLOGY	2	2
2	A.Y. 20.22 20.23			2
3	A.Y. 20.21 – 20.22			2
4	A.Y. 20.20_20.2.)			2
5	A.Y. 20.19 - 20.20			

Passheny

### 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)

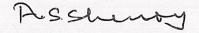
Date of Inspection	:	

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

Sr. No.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	GASTROINTESTINAL	2008-09	2	DR RACHANA
02	PATHOLOGY			CHATURVED I
03				9967017267
04				1101017261
05				
06				DR MANTUSHA KAREGAR
07				
				9920270717

(Attach separate List if necessary)

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2023 – 2024	GASTROINESTINAL	2	2
2	A.Y. 20.22 – 20.23	AND HEPATOBILIARY	2	2
3	A.Y. 20.21 20.22	PATHOLOGY	2	2
	A.Y. 20 202		2	2
5	A.Y. 20.19 – 20.20		2	2



### 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.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	CYTOPATHOLOGY	2008	02	DR KANCHAN KOTHIA
02				OF THE RUIT IA
03				9820056313
04				
05				DR MONA AGNIHOT
06				9987810111
07				DR GINTAMOUN CED.

(Attach separate List if necessary)

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted
1	A.Y. 20.23 – 20.24	CYTOPATHOLOGY	2	(In figure only)
2	A.Y. 20.22-20.23		2	2
	A.Y. 20.21 - 20.22		2	2
	A.Y. 20 M - 20.21		2	2
	A.Y. 20 – 20.20		2	

### FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.23.-20.4.

(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.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	PEDIATRIC PATHOLDAY	2008-09	2	NO DOMESTI MEN
02				DR PRAGATI SATH
03				9324045123
04				
05				DR ANNAPURNA
06				TAWARE
07				9920344902

(Attach separate List if necessary)

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted
1	A.Y. 2023. – 20.24	PEDIATRIC	7	(In figure only)
2	A.Y. 2022—20.23	PATHOLOGY	2	
			2	1
3	A.Y. 20.21 - 20.22		2	7
4	A.Y. 20.20. – 20.2.			
	A.Y. 20.19. – 20.20		2	
	20,,,,		2_	0

