

ANNEXURE

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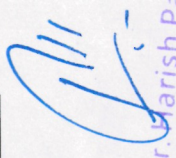
ANNEXURE- VIII
FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....

(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)					
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	Hepatology Fellowship		02	Dr. Akash Shukla (9869256376)	
02					

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 18 – 2019	Hepatology fellowship	02	01
2	A.Y. 2019 – 2020	Hepatology fellowship	02	02
3	A.Y. 2020 – 2021	Hepatology fellowship	02	--
4	A.Y. 2021 – 2022	Hepatology fellowship	02	01
5	A.Y. 2022 – 2023	Hepatology fellowship	02	0


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

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)

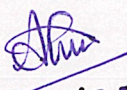
Date of Inspection:**1. Name(s) of the Fellowship/Certificate Course(s)**

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


13/12/2023
Dr. Anitha Haribalakrishna
Associate Professor & Head (Incharge)
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, Parel,
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)

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	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

Sr. No.	Academic Year	Name of fellowship/ Certificate course	Intake Capacity	No. of students admitted
1	A.Y.2023-2024	Joint Replacement Surgery	2	1
		Spine Surgery	2	1
		Arthroscopy	2	2

HOD Sign & Stamp

Dr. M. M. Desai
Professor & Head
Department of Orthopaedics
K.E.M. Hosp. & Seth G.S.M. College
Parel, Mumbai-400 012.

Dean Sign & Stamp

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

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)

Sur Gastro

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				
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	Name of Fellowship/Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2016 –2017	Fellowship Course in HPB & Minimal Access Surgery	2 each	1 each
2	A.Y. 2017. –2018.	Fellowship Course in HPB & Minimal Access Surgery	2 each	1 each
3	A.Y. 2018. –2019	Fellowship Course in HPB & Minimal Access Surgery	2 each	1 each
4	A.Y. 2019. –2020	Fellowship Course in HPB & Minimal Access Surgery	2 each	1 each
5	A.Y. 2021. –2022	Fellowship Course in HPB & Minimal Access Surgery	2 each	1 each

Dr. Mohan Desai
 Medical Superintendent
 KEM Hospital

Dr. Chetan Kantharia
 Professor & Head
 Surgical Gastroenterology
 KEM Hospital

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	:	
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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				
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	Name of Fellowship/Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2016 -2017	Fellowship Course in HPB & Minimal Access Surgery	2 each	1 each
2	A.Y. 2017. -2018.	Fellowship Course in HPB & Minimal Access Surgery	2 each	1 each
3	A.Y. 2018. -2019	Fellowship Course in HPB & Minimal Access Surgery	2 each	1 each
4	A.Y. 2019. -2020	Fellowship Course in HPB & Minimal Access Surgery	2 each	1 each
5	A.Y. 2021. -2022	Fellowship Course in HPB & Minimal Access Surgery	2 each	1 each

Dr. Chetan Kantharia

Fellowship & Head

Surgical Gastroenterology

KEM Hospital

Page 15 of 15

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)

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 Epilepsy course	2015	2	Dr Neeraj Jain/ 9930715878

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	2019-2020	Fellowship in Epilepsy course	2	2
2	2020-2021	Fellowship in Epilepsy course	2	2
3	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

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	: 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 Mentor and 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)

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	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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....

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

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	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

2

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	:	
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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	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	Name of Fellowship/Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
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 Dermatology,
 Seth G. S. Medical College &
 K. E. M. Hospital, Parel, Mumbai-12

ANNEXURE - VIII

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

A. G. Kudalkar.

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**

ANNEXURE- VIII-A

Information to be submitted with respect to newly appointed mentors

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

Not Applicable

Title of the Course applied for :-

This to Certify that Dr has worked in the Department of 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	

(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 : / /

Name of Inspectors		Signature of Inspectors
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)

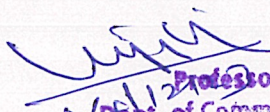
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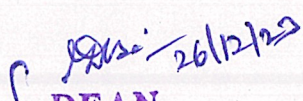
1. Name(s) of the Fellowship/Certificate Course(s)

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


Professor & Head
 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. Hospital,
 Mumbai - 12.

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.2023-2024	Fellowship in Pediatric Intensive Care	2	2
2	A.Y.2022 -2023	Fellowship in Pediatric Intensive Care	2	2
3	A.Y.2021-2022	Fellowship in Pediatric Intensive Care	2	0
4	A.Y.2020 -2021	Fellowship in Pediatric Intensive Care	2	0
5	A.Y.2019 -2020	Fellowship in Pediatric Intensive Care	2	1
5	A.Y.2018 -2019	Fellowship in Pediatric Intensive Care	2	0

Sunil Karande

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

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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	Fellowship in Pediatric Intensive Care	2009	2	Dr. Milind S Tullu Ph: 9869469974 Dr. Jane J.E. David Ph: 9869146151
02	Fellowship in Pediatric Neurology and Epilepsy	2016	2	Dr. Sunil Karande Ph: 9322934309 Dr. Rajwanti K Vaswani Ph: 9820879168
03	Fellowship in Clinical Genetics	2009	2	Dr. Sunil Karande Ph: 9322934309 Dr. Mamta N Muranjan 9920209036

(Attach separate List if necessary)

Sunil Karande

Dr. SUNIL KARANDE
PROFESSOR & HEAD,
DEPARTMENT OF PEDIATRICS,
SETHI G.S. MEDICAL COLLEGE &
K.E.M. HOSPITAL,
PAREL, MUMBAI - 400 012.

ANNEXURE - VIII

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 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

1 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	Fellowship in Regional Anaesthesia	2	2
2	A.Y. 2019 - 2020		2	Nil
3	A.Y. 2020 - 2021		2	2
4	A.Y. 2021 - 2022		2	2
5	A.Y. 2022 - 2023		2	2

Amala G. Kudalkar
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**

Not Applicable

Title of the Course applied for :-

This to Certify that Dr has worked in the Department of 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	

(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 : / /

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

ANNEXURE - VIII

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 Neuro-Anaesthesia	A.Y.2009 - 10	2	Dr. Shashikant Sahadev Shinde (Mb. 9920418348) (Email : shash62@yahoo.com) 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. No.	Academic Year	Name of the Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (in figure only)
1	A.Y. 2018 - 2019	Fellowship in Neuro-Anaesthesia	2	2
2	A.Y. 2019 - 2020		2	2
3	A.Y. 2020 - 2021		2	2
4	A.Y. 2021 - 2022		2	2
5	A.Y. 2022 - 2023		2	2

A. G. Kudalkar.
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.

ANNEXURE- VIII-A

Information to be submitted with respect to newly appointed mentors

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

Not Applicable

Title of the Course applied for :-

This to Certify that Dr has worked in the Department of 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	

(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 : / /

Name of Inspectors		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	:	
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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	NEUROPATHOLOGY	2008-09	2	DR ASHA SHENDY
02				9920711009
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	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20 ²³ - 20 ²⁴	NEUROPATHOLOGY	02	01
2	A.Y. 20 ²² - 20 ²³		02	02
3	A.Y. 20 ²¹ - 20 ²²		02	02
4	A.Y. 20 ²⁰ - 20 ²¹			02
5	A.Y. 20 ¹⁹ - 20 ²⁰			01

A. S. Shendy
 Professor & Head
 Department of Pathology
 Seth GSMC & KEMH
 Parel Mumbai 12

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	:	
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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	CARDIOVASCULAR	2008-09	02	DR PRADEEP
02	PATHOLOGY			VAIDEESWAR
03				9833509435
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 - 20.24	CARDIOVASCULAR	02	NIL
2	A.Y. 20.22 - 20.23	PATHOLOGY		NIL
3	A.Y. 20.21 - 20.22			01
4	A.Y. 20.20 - 20.21			NIL
5	A.Y. 20.19 - 20.20			NIL

A. S. Shetty
 Professor & Head
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 Seth GSMC & KEMH
 Parel Mumbai 12

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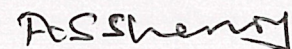
1. Name(s) of the Fellowship/Certificate Course(s)

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	UROPATHOLOGY	2008-09	2	DR GWENDOLYN FERNANDES
02				9819218405
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	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20 ²³ - 20 ²⁴	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 ²¹			2
5	A.Y. 20 ¹⁹ - 20 ²⁰			1



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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/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	GASTROINTESTINAL PATHOLOGY	2008-09	2	DR RACHANA CHATURVEDI 9967017267
02				
03				
04				
05				
06				DR MANJUSHA KAREGAR
07				9920270717

(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	GASTROINTESTINAL	2	2
2	A.Y. 20.22 - 20.23	AND HEPATOBIILIARY	2	2
3	A.Y. 20.21 - 20.22	PATHOLOGY	2	2
4	A.Y. 20.20 - 20.21		2	2
5	A.Y. 20.19 - 20.20		2	2

A.S. Shenoy

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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	:	
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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	CYTOPATHOLOGY	2008	02	DR KANCHAN KOTHIARI
02				9820056313
03				
04				
05				DR MONA AGNIHOTRI
06				9987810111
07				DR GWENDOLYN FER- NANDES 9819218405

(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	CYTOPATHOLOGY	2	2
2	A.Y. 20.22 - 20.23		2	2
3	A.Y. 20.21 - 20.22		2	2
4	A.Y. 20.20 - 20.21		2	2
5	A.Y. 20.19 - 20.20		2	1

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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	PEDIATRIC PATHOLOGY	2008-09	2	DR PRAGATI SATHE
02				9324045123
03				
04				
05				DR ANNAPURNA TAWARE
06				9920344902
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	PEDIATRIC	2	1
2	A.Y. 20 ²² - 20 ²³	PATHOLOGY	2	1
3	A.Y. 20 ²¹ - 20 ²²		2	2
4	A.Y. 20 ²⁰ - 20 ²¹		2	1
5	A.Y. 20 ¹⁹ - 20 ²⁰		2	0

A. S. Chavhan

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