

## Annexure IX

### FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(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 Course in Ksharsutra Chikitsa	2005 (CARD –Course)	10	Dr. Yadav Sanjeev Rangrao -9322456999
2				Vd. Badole Shubhangi Prashant-9167750838
3				Vd. Chavan Dhyaneshwar Dattarao-9822221585
4				Vd. Tangade Varsha Ramrao-9920798297
5				

(Attach separate List if necessary)

**Annexure X**  
**For Fellowship Teaching Certificate**

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 :- Fellowship Course of Ksharsutra Chikitsa

This to Certify that **Dr. Sanjeev Rangrao Yadav** has worked in the Department of **Shalya Tantra** Training Centre as per following details

**A) General Experience :-**

Designation	From	To	Total period Year/Months	
Asst. Professor	29/09/1994	30/09/1999	5 Years	---
Asso. Professor	01/10/1999	31/12/2006	7 Years	2 Months
Professor	01/01/2007	till date	30 Years	04 Months

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

Designation	From	To	Total period Year/Months
Professor	2005	Till Date	19 Yrs.

(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/Head of Institute

Date : //

Date: //

**Name of Visitors**  
Chairman  
Member  
Member  
Member

**Signature of Visitors**

**Annexure X**  
**For Fellowship Teaching Certificate**

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 :- Fellowship Course of Ksharsutra Chikitsa

This to Certify that **Vd. Badole Shubhangi Prashant** has worked in the Department of **Shalya Tantra** Training Centre as per following details

**A) General Experience :-**

Designation	From	To	Total period Year/Months	
Asst. Professor	26/7/2003	14/5/2010	7 yr.	2 months
Asso. Professor/Reader	15/5/2010	to till date	21yr.	6 months

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

Designation	From	To	Total period Year/Months
Asso. Professor/Reader	15/5/2010	till date	12yr. 7 Mon.

(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/Head of Institute

Date: / /

Date: / /

Name of Visitors  
Chairman  
Member  
Member  
Member

Signature of Visitors

**Annexure X**  
**For Fellowship Teaching Certificate**

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 :- Fellowship Course of Ksharsutra Chikitsa

This to Certify that **Vd. Chavan Dyaneshwar Dattarao** has worked in the Department of **Shalya Tantra** Training Centre as per following details

**A) General Experience :-**

Designation	From	To	Total period Year/Months	
Asst. Professor	1/9/2004	23/10/2009	5 yr.	1 month.
Asso. Professor/Reader	24/10/2009	Till date	20 yr.	5 Mon.

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

Designation	From	To	Total period Year/Months
Asso. Professor/Reader	23/07/2013	Till date	11 yr. 6 Mon.

(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/Head of Institute

Date : / /

Date: / /

**Name of Visitors**  
Chairman  
Member  
Member  
Member

**Signature of Visitors**

**Annexure X**  
**For Fellowship Teaching Certificate**

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 :- Fellowship Course of Ksharsutra Chikitsa

This to Certify that **Vd. Tangade Varsha Ramrao** has worked in the Department of **Shalya Tantra** Training Centre as per following details

**A) General Experience :-**

Designation	From	To	Total period Year/Months	
Asst. Professor	7/9/2009	Till date	15yrs.	4 month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	23/05/2011	Till date	13yrs.	8 Mon.

(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/Head of Institute

Date : / /

Date: / /

**Name of Visitors**

Chairman  
Member  
Member  
Member

**Signature of Visitors**

## Annexure IX

### FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(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 Course in Ayurvedic Preventive Cardiology	2017-18	10	Vd. Vaidya Minal Shashikumar - 9323790371
2				Vd. Sathe Aparna Ninad - 9819216230
3				Vd. Pandey Mahesh Harishankar-9820006082
4				Vd. Pol Pramod Sarjerao-9594763942
5				

(Attach separate List if necessary)

**Annexure X**  
**For Fellowship Teaching Certificate**

**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 :- **Fellowship Course in Ayurvedic Preventive Cardiology**

This to Certify that **Vd. Vaidya Minal Shashikumar** has worked in the Department of **Kayachikitsa** Training Centre as per following details

**A) General Experience :-**

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total period Year/Months</b>	
Asst. Professor	29/09/1994	30/09/1999	5 Years	1 Months
Asso. Professor	01/10/1999	31/12/2006	7 Years	2 Months
Professor	01/01/2007	till date	30 Years	04 Months

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

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total period Year/Months</b>
<b>Professor</b>	<b>2017</b>	<b>Till date</b>	<b>8 Yrs</b>

(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/Head of Institute

Date : //

Date: //

**Name of Visitors**  
Chairman  
Member  
Member  
Member

**Signature of Visitors**

**Annexure X**  
**For Fellowship Teaching Certificate**

**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 :- **Fellowship Course in Ayurvedic Preventive Cardiology**

This to Certify that **Vd. Sathe Aparna Ninad** has worked in the Department of **Kayachikitsa** Training Centre as per following details

**A) General Experience :-**

Designation	From	To	Total period Year/Months	
Asst. Professor	01/10/2003	30/09/2008	5 Years	--
Asso. Professor	01/10/2008	Till Date	21 Years	4 Months

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

Designation	From	To	Total period Year/Months
Asso. Professor	2017	Till date	8 Yrs

(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/Head of Institute

Date : / /

Date: / /

**Name of Visitors**  
Chairman  
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Member

**Signature of Visitors**

**Annexure X  
For Fellowship Teaching Certificate**

**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 :- **Fellowship Course in Ayurvedic Preventive Cardiology**

This to Certify that **Vd. Pandey Mahesh Harishankar** has worked in the Department of **Kayachikitsa** Training Centre as per following details

**A) General Experience :-**

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total period Year/Months</b>	
Asst. Professor	12/08/2009	03/11/2015	6 Years	2 Months
Asso. Professor	04/11/2015	Till Date	15 Years	5 Months

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

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total period Year/Months</b>
Asso. Professor	2017	Till date	8 Yrs

(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  
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Sign & Stamp  
Dean/Principal/Head of Institute

Date : / /

Date: / /

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Member

**Signature of Visitors**

**Annexure X  
For Fellowship Teaching Certificate**

**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 :- **Fellowship Course in Ayurvedic Preventive Cardiology**

This to Certify that **Vd. Pol Pramod Sarjerao** has worked in the Department of **Kayachikitsa** Training Centre as per following details

**A) General Experience :-**

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total period Year/Months</b>	
Asst. Professor	14/03/2014	Till Date	10 Years	10 Months

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

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total period Year/Months</b>
Asst. Professor	2017	Till date	8 Yrs

(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  
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Sign & Stamp  
Dean/Principal/Head of Institute

Date : / /

Date: / /

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Chairman  
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Member  
Member

**Signature of Visitors**

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(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 Course in Panchkarma	2009-2010 (CARD –Course)	10	Dr. Gholap Kalpana Nilesh -9833971482
2				Vd. Chavan Amit Ashok - 8793263413
3				
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(Attach separate List if necessary)

**Annexure X**  
**For Fellowship Teaching Certificate**

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 :- Fellowship Course of Panchkarma

This to Certify that **Dr. Gholap Kalpana Nilesh** has worked in the Department of Panchkarma Training Centre as per r following details

**A) General Experience :-**

Designation	From	To	Total period Year/Months	
Asst. Professor	07/08/2010	31/05/2018	7 Years	9 Months
Asso. Professor	01/06/2018	25/12/2023	13 Years	4 Months
Professor	26/12/2023	till date	14 Years	05 Months

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

Designation	From	To	Total period Year/Months
Professor	07/08/2010	Till date	14 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)

Sign & Stamp  
Head of the Department

Sign & Stamp  
Dean/Principal/Head of Institute

Date : / /

Date: / /

Name of Visitors  
Chairman  
Member  
Member  
Member

Signature of Visitors

**Annexure X**  
**For Fellowship Teaching Certificate**

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 :- **Fellowship Course of Panchkarma**

This to Certify that **Vd. Chavan Amit Ashok** has worked in the Department of **Panchkarma** Training Centre as per r following details

**A) General Experience :-**

Designation	From	To	Total period Year/Months	
Asst. Professor	27/02/2013	02/01/2019	5 Years	10 Months
Asso. Professor	03/01/2019	Till Date	11 Years	11 Months

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

Designation	From	To	Total period Year/Months
Asso. Professor	27/02/2013	Till date	11 Yrs 11 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  
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## Annexure IX

### FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(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 Course in Child Health Care Management.	2017-18	10	Vd. Panot Bhavesh Nareshchandra - 9987076111
2				Vd. Rajput Sandeep Kisan- 9167133548
3				
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5				

(Attach separate List if necessary)

**Annexure X**  
**For Fellowship Teaching Certificate**

**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 :- **Fellowship Course of Child Health Care Management**

This to Certify that **Vd. Panot Bhavesh Nareshchandra** has worked in the Department of **Kaumarbhritya** Training Centre as per following details

**A) General Experience :-**

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total period Year/Months</b>	
Asst. Professor	16/07/2007	15/07/2012	05 Years	
Asso. Professor/Reader	16/07/2012	30/12/2018	06 Years	05 Months
Professor	31/12/2018	Till date	17 Years	06 Months

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

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total period Year/Months</b>
<b>Professor</b>	<b>2017</b>	<b>Till date</b>	<b>08 Yrs</b>

(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/Head of Institute

Date : / /

Date: / /

**Name of Visitors**  
Chairman  
Member  
Member  
Member

**Signature of Visitors**

**Annexure X**  
**For Fellowship Teaching Certificate**

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 :- **Fellowship Course of Child Health Care Management**

This to Certify that **Vd. Rajput Sandeep Kisan** has worked in the Department of **Kaumarbhritya** Training Centre as per r following details

**A) General Experience**

Designation	From	To	Total period Year/Months
Asst. Professor	10/09/2012	10/09/2017	5 Years
Asso. Professor/Reader	11/09/2017	Till date	12Years 4 Mon.

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

Designation	From	To	Total period Year/Months
Asso. Professor	15/12/2018	Till date	6 Yrs 01 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/Head of Institute

Date : / /

Date: / /

**Name of Visitors**

Chairman  
Member  
Member  
Member

**Signature of Visitors**

## Annexure IX

### FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(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 Course in Women's And Maternal Health Care	2017-18	10	Vd. Mehere Seema Chandrakant -9930940403
2				Vd. Dhandekar Pranali Namdeo -9619020010
3				
4				
5				

(Attach separate List if necessary)

**Annexure X  
For Fellowship Teaching Certificate**

**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 :- **Fellowship Course of Women's And Maternal Health Care**

This to Certify that **Vd. Mehere Seema Chandrakant** has worked in the Department of **Women's And Maternal Health Care** Training Centre as per following details

**A) General Experience :-**

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total period Year/Months</b>	
Asst. Professor	01/06/1999	31/03/2004	5 Years	10 Months
Asso. Professor	01/04/2004	30/06/2009	10 Years	4 Months
Professor	01/07/2009	till date	25 Years	08 Months

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

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total period Year/Months</b>
Professor	2017	Till date	8 Yrs 1 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

Sign & Stamp  
Dean/Principal/Head of Institute

Date : //

Date: //

**Name of Visitors**  
Chairman  
Member  
Member  
Member

**Signature of Visitors**

**Annexure X**  
**For Fellowship Teaching Certificate**

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 :- **Fellowship Course of Women's And Maternal Health Care**

This to Certify that **Vd. Dandekar Pranali Namdeo** has worked in the Department of **Women's And Maternal Health Care** Training Centre as per r following details

**A) General Experience :-**

Designation	From	To	Total period Year/Months	
Asst. Professor	01/08/2006	03/11/2007	8 Years	6 Months
	02/02/2012	30/11/2015		
Asso. Professor	01/12/2015	Till Date	17 Years	8 Months

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

Designation	From	To	Total period Year/Months
Professor	2017	Till date	8 Yrs

(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  
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Sign & Stamp  
Dean/Principal/Head of Institute

Date : / /

Date: / /

**Name of Visitors**  
Chairman  
Member  
Member  
Member

**Signature of Visitors**