

**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 course in Ayurved for Child Health Care Management**

This is to certify that, **Dr. Waghmare Nitin Ramchandra** has worked in the department of Maharashtra Arogya Mandal's Sumatibhai Shah Ayurved Mahavidyalaya, as per following details.

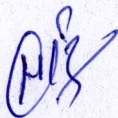
**A) General Experience:**

Designation	From	To	Total Period (Year / Months)
<b>Professor</b>	<b>06.08.2018</b>	<b>Till date</b>	<b>05.05</b>
<b>Reader</b>	<b>17.06.2013</b>	<b>05.08.2018</b>	<b>05.01</b>
<b>Lecturer</b>	<b>23.01.2013</b>	<b>15.06.2013</b>	<b>00.05</b>
<b>Lecturer</b>	<b>06.09.2012</b>	<b>31.12.2012</b>	<b>00.04</b>
<b>Lecturer</b>	<b>07.08.2012</b>	<b>31.08.2012</b>	<b>00.01</b>
<b>Lecturer</b>	<b>07.05.2012</b>	<b>04.08.2012</b>	<b>00.04</b>
<b>Lecturer</b>	<b>07.10.2011</b>	<b>03.04.2012</b>	<b>00.06</b>
<b>Lecturer</b>	<b>04.11.2010</b>	<b>29.09.2011</b>	<b>00.11</b>
<b>Lecturer</b>	<b>16.06.2010</b>	<b>13.10.2010</b>	<b>00.04</b>
<b>Lecturer</b>	<b>05.02.2010</b>	<b>04.06.2010</b>	<b>00.04</b>
<b>Lecturer</b>	<b>03.10.2009</b>	<b>30.01.2010</b>	<b>00.04</b>
<b>Lecturer</b>	<b>03.06.2009</b>	<b>30.09.2009</b>	<b>00.04</b>
<b>Lecturer</b>	<b>02.02.2009</b>	<b>01.06.2009</b>	<b>00.04</b>
<b>Lecturer</b>	<b>02.07.2007</b>	<b>31.01.2009</b>	<b>01.07</b>

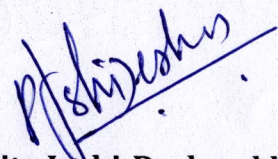
**B) Actual experience in the Subject of concerned Fellowship/Certificate Course:**

Designation	From	To	Total Period (Year / Months)
<b>Professor</b>	<b>06.08.2018</b>	<b>Till date</b>	<b>05.05</b>
<b>Reader</b>	<b>17.06.2013</b>	<b>05.08.2018</b>	<b>05.01</b>
<b>Lecturer</b>	<b>23.01.2013</b>	<b>15.06.2013</b>	<b>00.05</b>
<b>Lecturer</b>	<b>06.09.2012</b>	<b>31.12.2012</b>	<b>00.04</b>
<b>Lecturer</b>	<b>07.08.2012</b>	<b>31.08.2012</b>	<b>00.01</b>
<b>Lecturer</b>	<b>07.05.2012</b>	<b>04.08.2012</b>	<b>00.04</b>
<b>Lecturer</b>	<b>07.10.2011</b>	<b>03.04.2012</b>	<b>00.06</b>
<b>Lecturer</b>	<b>04.11.2010</b>	<b>29.09.2011</b>	<b>00.11</b>
<b>Lecturer</b>	<b>16.06.2010</b>	<b>13.10.2010</b>	<b>00.04</b>
<b>Lecturer</b>	<b>05.02.2010</b>	<b>04.06.2010</b>	<b>00.04</b>
<b>Lecturer</b>	<b>03.10.2009</b>	<b>30.01.2010</b>	<b>00.04</b>
<b>Lecturer</b>	<b>03.06.2009</b>	<b>30.09.2009</b>	<b>00.04</b>
<b>Lecturer</b>	<b>02.02.2009</b>	<b>01.06.2009</b>	<b>00.04</b>
<b>Lecturer</b>	<b>02.07.2007</b>	<b>31.01.2009</b>	<b>01.07</b>

(It is mandatory to attach self-attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship course)



**(Dr. Nitin Ramchandra Waghmare)**  
Sign & stamp of Head of the Department  
Date : 30/12/2023

**(Prof. Dr. Pranita Joshi-Deshmukh)**  
Sign & Stamp of Head of the Institute  
Date: 30/12/2023

**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 course in Ayurved for Child Health Care Management**

This is to certify that, **Dr. Babar Ramchandra Pandurang** has worked in the department of Maharashtra Arogya Mandal's Sumatibhai Shah Ayurved Mahavidyalaya, as per following details.

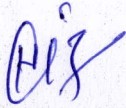
**A) General Experience:**

Designation	From	To	Total Period (Year / Months)
<b>Professor</b>	<b>31.07.2023</b>	<b>Till Date</b>	<b>00.05</b>
<b>Reader</b>	<b>30.10.2019</b>	<b>20.07.2023</b>	<b>03.09</b>
<b>Lecturer</b>	<b>02.09.2016</b>	<b>29.10.2019</b>	<b>03.02</b>
<b>Lecturer</b>	<b>16.09.2011</b>	<b>31.08.2016</b>	<b>04.11</b>

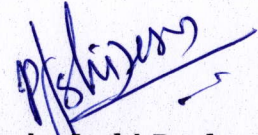
**B) Actual experience in the Subject of concerned Fellowship/Certificate Course:**

Designation	From	To	Total Period (Year / Months)
<b>Professor</b>	<b>31.07.2023</b>	<b>Till Date</b>	<b>00.05</b>
<b>Reader</b>	<b>30.10.2019</b>	<b>20.07.2023</b>	<b>03.09</b>
<b>Lecturer</b>	<b>02.09.2016</b>	<b>29.10.2019</b>	<b>03.02</b>
<b>Lecturer</b>	<b>16.09.2011</b>	<b>31.08.2016</b>	<b>04.11</b>

(It is mandatory to attach self-attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship course)



**(Dr. Nitin Ramchandra Waghmare)**  
Sign & stamp of Head of the Department  
Date : 30/12/2023

**(Prof. Dr. Pranita Joshi-Deshmukh)**  
Sign & Stamp of Head of the Institute  
Date: 30/12/2023

**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 course in Ayurved for Child Health Care Management**

This is to certify that, **Dr. Jagtap Manisha Amitkumar** has worked in the department of Maharashtra Arogya Mandal's Sumatibhai Shah Ayurved Mahavidyalaya, as per following details.

**A) General Experience:**

Designation	From	To	Total Period (Year / Months)
<b>Lecturer</b>	<b>02.07.2018</b>	<b>Till date</b>	<b>05.06</b>
<b>Lecturer</b>	<b>01.09.2015</b>	<b>31.05.2017</b>	<b>01.08</b>

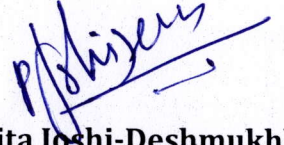
**B) Actual experience in the Subject of concerned Fellowship/Certificate Course:**

Designation	From	To	Total Period (Year / Months)
<b>Lecturer</b>	<b>02.07.2018</b>	<b>Till date</b>	<b>05.06</b>
<b>Lecturer</b>	<b>01.09.2015</b>	<b>31.05.2017</b>	<b>01.08</b>

(It is mandatory to attach self-attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship course)



**(Dr. Nitin Ramchandra Waghmare)**  
Sign & stamp of Head of the Department  
Date : 30/12/2023

**(Prof. Dr. Pranita Joshi-Deshmukh)**  
Sign & Stamp of Head of the Institute  
Date: 30/12/2023

**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 course in Ayurved for Child Health Care Management**

This is to certify that, **Dr. Kadwadkar Nilam Ramesh** has worked in the department of Maharashtra Arogya Mandal's Sumatibhai Shah Ayurved Mahavidyalaya, as per following details.


**A) General Experience:**

Designation	From	To	Total Period (Year / Months)
<b>Lecturer</b>	<b>22.12.2023</b>	<b>Till Date</b>	<b>00.01</b>

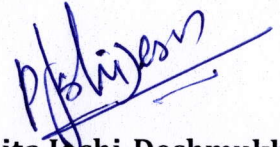
**B) Actual experience in the Subject of concerned Fellowship/Certificate Course:**

Designation	From	To	Total Period (Year / Months)
<b>Lecturer</b>	<b>22.12.2023</b>	<b>Till Date</b>	<b>00.01</b>

(It is mandatory to attach self-attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship course)



**(Dr. Nitin Ramchandra Waghmare)**  
Sign & stamp of Head of the Department  
Date : 30/12/2023

**(Prof. Dr. Pranita Joshi-Deshmukh)**  
Sign & Stamp of Head of the Institute  
Date: 30/12/2023

**Information to be submitted with respect to newly appointed mentors  
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Title of the course applied for : **Fellowship course in Ayurved for Child Health Care Management**

This is to certify that, **Dr. Dole Sanjeev Shankar** has worked in the department of Maharashtra Arogya Mandal's Sumatibhai Shah Ayurved Mahavidyalaya, as per following details.

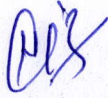
**A) General Experience:**

Designation	From	To	Total Period (Year / Months)
<b>Consultant / Lecturer</b>	<b>14.09.2012</b>	<b>Till date</b>	<b>11.03</b>


**B) Actual experience in the Subject of concerned Fellowship/Certificate Course:**

Designation	From	To	Total Period (Year / Months)
<b>Consultant / Lecturer</b>	<b>14.09.2012</b>	<b>Till date</b>	<b>11.03</b>

(It is mandatory to attach self-attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship course)



**(Dr. Nitin Ramchandra Waghmare)**  
Sign & stamp of Head of the Department  
Date : 30/12/2023

**(Prof. Dr. Pranita Joshi-Deshmukh)**  
Sign & Stamp of Head of the Institute  
Date: 30/12/2023