# 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	

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

Sr. No.	Name of the Fellowship Course	Course started from the Academic Year	Intake Capacity Sanctione d by the University	Name of Mentor and	Contact Details
1	Joint Replacement Surgery	2016	01	Dr. Parag Munshi Dr. Hemant Bhandari	9819934002 9821550550
				Dr. Ashish Agarwal	9821023866
2	Clinical Hematology	2016	01	Dr. Mohan B Agarwal Dr. Shyam Rathi	9820024850 9930003970

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

Sr. No.	Academic Year	Name of Fellowship /Course	Intake Capacity	No. of Students Admitted (In figure only)
		Joint Replacement Surgery	01	01
-1	1 A.Y. 2017- 2018	Clinical Hematology	01	
	E	Joint Replacement Surgery	01	01
2	2 A.Y. 2018 - 2019	Clinical Hematology	01	
		Joint Replacement Surgery	01	01
3	3 A.Y. 2019 – 2020	Clinical Hematology	01	01
		Joint Replacement Surgery	01	01
4	A.Y. 2020 – 2021	Clinical Hematology	01	
		Joint Replacement Surgery	01	01
5	A.Y. 2021 – 2022	Clinical Hematology	01	01

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

Title of the Course applied for:- Fellowship Course in Joint Replacement Surgery

This to Certify that Dr. Parag Munshi has worked in the Department of Orthopaedics at Bombay Hospital Institute of Medical Sciences as per following details

#### A) General Experience

Designation	From	То	Total perio	d Year/Months
Lecturer / Consultant (KEM Hospital)			06 yrs.	
Consultant (UK)			03 yrs.	
Consultant	November 2004	Till Date	18 years	03 months

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

Designation	From	То	Total per	iodYear/Months
Orthopaedic Consultant	November 2004	Till date	18 yrs.	03 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Followship/Certificate Course)

Sign & Stamp

Head of the Department

Date: 13/02/2023

DR. PARAG MUNSHI

MS.Orth(Bom), D.Orth(Bom), DNB Orth, Mch Orth (UK) FRCS Gen. Surg. (UK), FRCS Orth (UK), CCST (UK)

Consultant Orthopaedic & Joint Replacement Surgeon

Reg.No. 63862.

Dr. S. V. Khadilkar Sign & Stamp AMS FRCP (London)

Dean/Principal/Head of Institute

Date: 13/04/2023 f Medical Sciences
12, New Marine Lines,
Mumbai - 2020

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

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

Title of the Course applied for:- Fellowship Course in Joint Replacement Surgery

This to Certify that Dr. Hemant Bhandari has worked in the Department of Orthopaedics at Bombay Hospital Institute of Medical Sciences as per following details

# A) General Experience

Designation	From	То	Total perio	od Year/Months
Registrar	02/11/1987	19/05/1992	04 yrs.	07 months
Associate Consultant	September 2004	Till date	18 yrs.	05 months

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

Designation	From	То	Total period	dYear/Months
Associate Consultant	September 2004	Till date	18 yrs.	05 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: 13 /02/2023

DR. PARAG MUNSHI MS.Orth(Bom), D.Orth(Bom), DNS Orth, Mch Orth (UK) FRCS Gen. Surg. (UK), FRCS Orth (UK), CCST (UK) Consultant Orthopaedic &

Joint Replacement Surgeon Reg. No. 63862.

MD DM DNBE FIAN FICP FAMS FRCP (London)

Sign & Stamp

Dean/Principal/Head of Institute Date:13 /02/ 2023 w Marine Lines,

Mumbai -

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

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

Title of the Course applied for:- Fellowship Course in Joint Replacement Surgery

This to Certify that Dr. Ashish Agarwal has worked in the Department of Orthopaedics at Bombay Hospital Institute of Medical Sciences as per following details

#### A) General Experience

Designation	From	То	Total period Y	ear/Months
Lecturer	1997	2002	5 yrs.	
Associate Professor	2002	Till date	21 yrs.	A CONTRACTOR AND ADDRESS OF THE PARTY OF THE

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

Associate 2002 Till date 21 yrs. Professor

(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: 13/02/2023

DR. PARAG MUNSHI
MS.Orth(Bom), D.Orth(Bom), DNB Orth, Mein Orth (UK)
FRCS Gen. Surg. (UK), FRCS Orth (UK), CCST (UK)
Consultant Orthopaedic &

Joint Replacement Surgeon Reg.No. 63862. Dr. S. V. Kbadilkar MD DM DNBE FIAN FICP FAMS FRCP (London)

Sign & Stamp De

Dean/Principal/Head of Institute

Date: 13/02/2023 Marine Lines,

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

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

Title of the Course applied for:- Fellowship Course in Clinical Hematology

This to Certify that Dr. Mohan B Agarwal has worked in the Department of Hematology at Bombay Hospital Institute of Medical Sciences as per following details

#### A) General Experience

Designation	From	То	Total period Ye	ear/Months
Consultant	Since 43 yrs.	Till date	43 yrs.	

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

Designation	From	То	Total periodYear/Months
Professor	Since 35 yrs.	Till date	35 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 HEM Head of the Department

Date: 13 /02 / 2023

Sign & Stampas FRCP (London)
Dean/Principal/Head of Institute
Date: 13/02/12628 Medical Sciences
12, New Marine Lines,
Mumbai - 400 020

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

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

Title of the Course applied for:- Fellowship Course in Clinical Hematology

This to Certify that Dr. Shyam Rathi has worked in the Department of Hematology at Bombay Hospital Institute of Medical Sciences as per following details

### A) General Experience

Designation	From	To Tota		period Year/Months	
Consultant	2010	Till date	12 yrs.		
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### B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for

Designation	From	То	Total periodYear/l	lonths
Consultant	2014	Till date	08 yrs.	
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(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Standout A. RATHI
Sign & Standout A. RATHI
Head of the Department Date: 13 /02 /2623
Reg. No.: 2002031244

Sign & Stamp Dean Dean/Principal/Head of Institute
Date: 13/02/22, New Marine Lines,
Mumbai - 400,020

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