

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Chandralekha Tampi																
02.	Date of Birth	:	5 th December 1960																
03.	Address	:	1030, Blossom, Dosti Acres, Antop Hill, Wadala (E), Mumbai -400031, INDIA																
04.	Tel. No./ Mob. No.	:	(+91) 9821078502 ; (+91) 7021691166																
05.	e-mail id	:	chandralekhatampi@gmail.com																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	MD (Pathology), MBBS																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	A) General Experience <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Histopathologist</td> <td>1989</td> <td>2000</td> <td>11 Years</td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship /Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Full Time Consultant Histopathologist</td> <td>2000</td> <td>Till date</td> <td>24 yrs & 8 months</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Histopathologist	1989	2000	11 Years	Designation	From	To	Total Period (Yrs. & Months)	Full Time Consultant Histopathologist	2000	Till date	24 yrs & 8 months
Designation	From	To	Total Period (Yrs. & Months)																
Histopathologist	1989	2000	11 Years																
Designation	From	To	Total Period (Yrs. & Months)																
Full Time Consultant Histopathologist	2000	Till date	24 yrs & 8 months																
09.	Present Appointment	:	Full Time Consultant Histopathologist																
10.	Publications (List & Proof)	:	List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																
12.	Any other relevant information	:	-																

Date: - 11.09.2025

Champi
Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Champi
Sign & Stamp
Head of the Department
Date: 11.09.2025

Niraj
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11.09.2025

Dr. Niraj Uttamani

Chief Operating Officer

Lilavati Hospital & Research Centre
Bandra (W), Mumbai - 400 050.

Training Centre Round Seal


*Ksanahy-**Ksanahy**S. Shinde*

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Asha Mary George																
02.	Date of Birth	:	16 th February 1972																
03.	Address	:	Apartment B – 1904, Hubtown Sunstone, Near M.I.G. Cricket ground, Bandra East, Mumbai 400 051																
04.	Tel. No./ Mob. No.	:	9820488284																
05.	e-mail id	:	asha_marygeorge@yahoo.co.in																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	MD (Pathology), MBBS(first class)																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	A) General Experience <table border="1"> <thead> <tr> <th>Designation</th><th>From</th><th>To</th><th>Total Period (Yrs. & Months)</th></tr> </thead> <tbody> <tr> <td>Pathologist</td><td>2003</td><td>2013</td><td>10 Years</td></tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship /Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th><th>From</th><th>To</th><th>Total Period (Yrs. & Months)</th></tr> </thead> <tbody> <tr> <td>Full Time Consultant Histopathologist</td><td>2013</td><td>Till date</td><td>11yrs & 8 months</td></tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Pathologist	2003	2013	10 Years	Designation	From	To	Total Period (Yrs. & Months)	Full Time Consultant Histopathologist	2013	Till date	11yrs & 8 months
Designation	From	To	Total Period (Yrs. & Months)																
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Designation	From	To	Total Period (Yrs. & Months)																
Full Time Consultant Histopathologist	2013	Till date	11yrs & 8 months																
09.	Present Appointment	:	Full Time Consultant Histopathologist																
10.	Publications (List & Proof)	:	List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																
12.	Any other relevant information	:	-																


Date: - 11.09.2025


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 Sign & Stamp
 Head of the Department
 Date: 11.09.2025


 Sign & Stamp
 Dean/ Principal/ Director of Training Centre
 Date: 11.09.25
Dr. Niraj Uttamani
 Chief Operating Officer
 Lilavati Hospital & Research Centre
 Bandra (W), Mumbai - 400 050.

Training Centre Round Seal





Information of Mentor of Training Centre

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Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Kashvi Satyen Mehta																
02.	Date of Birth	:	15 – 05 – 1976																
03.	Address	:	501/502 Mahesh Cottage CHSL, 5th Floor, Veer Savarkar Marg, Mahim West, Mumbai 400 016																
04.	Tel. No./ Mob. No.	:	9619063539																
05.	e-mail id	:	kashvi@lilavatihospital.com																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	MD (Pathology), MBBS(first class), Fellowship in Laboratory Medicine & Pathology																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	A) General Experience <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Pathologist</td> <td>2003</td> <td>2009</td> <td>06 Years</td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship /Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Full Time Consultant Pathologist</td> <td>2009</td> <td>Till date</td> <td>15 yrs & 8 months</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Pathologist	2003	2009	06 Years	Designation	From	To	Total Period (Yrs. & Months)	Full Time Consultant Pathologist	2009	Till date	15 yrs & 8 months
Designation	From	To	Total Period (Yrs. & Months)																
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Full Time Consultant Pathologist	2009	Till date	15 yrs & 8 months																
09.	Present Appointment	:	Full Time Consultant Pathologist																
10.	Publications (List & Proof)	:	List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																
12.	Any other relevant information	:	-																

K. Mehta

Date: - 11.09.2025

Name & Sign. of Mentor

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Chandni

Sign & Stamp
Head of the Department
Date: 11.09.2025

A. S.

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11.09.25

Dr. Niraj Uttamani

Chief Operating Officer

Lilavati Hospital & Research Centre
Bandra (W), Mumbai - 400 050.

Training Centre Round Seal



Niraj

S. Hande

K. Mehta

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Fatema Yusuf Rangwala																
02.	Date of Birth	:	16 Dec 1979																
03.	Address	:	B – 9 Blue Nile Apts, 39 Waroda Road, Bandra West, Mumbai 400 050																
04.	Tel. No./ Mob. No.	:	9930009585, 02226404660																
05.	e-mail id	:	drfatema16@yahoo.co.in																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	DNB (Pathology), MBBS, DCP in Clin Path, FCPS (Path)																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	A) General Experience <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Pathologist</td> <td>2007</td> <td>2012</td> <td>5 years</td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship /Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Full Time Consultant Pathologist</td> <td>2012</td> <td>Till date</td> <td>12 years & 8 months</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Pathologist	2007	2012	5 years	Designation	From	To	Total Period (Yrs. & Months)	Full Time Consultant Pathologist	2012	Till date	12 years & 8 months
Designation	From	To	Total Period (Yrs. & Months)																
Pathologist	2007	2012	5 years																
Designation	From	To	Total Period (Yrs. & Months)																
Full Time Consultant Pathologist	2012	Till date	12 years & 8 months																
09.	Present Appointment	:	Full Time Consultant Pathologist																
10.	Publications (List & Proof)	:	List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																
12.	Any other relevant information	:	-																

DR. FATEMA. Y.R.

Name & Sign. of Mentor

Date: - 11.09.2025

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Sign & Stamp
Head of the Department
Date: 11.09.2025

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11.09.2025

Dr. Niraj Uttamani

Chief Operating Officer
Lilavati Hospital & Research Centre
Bandra (W), Mumbai - 400 050.

Training Centre Round Seal



Handwritten signatures: *Handwritten signature*, *S. Handwritten*, *Handwritten signature*

Information of Mentor of Training Centre
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Sr. No	Particular	-	Information to be filled																				
01.	Name of the Faculty/Teacher	:	Dr. Mansi Medhekar																				
02.	Date of Birth	:	14.05.1980																				
03.	Address	:	C 1804 Kohinoor Square, N.C. Kelkar Road, Dadar, Mumbai 400028																				
04.	Tel. No./ Mob. No.	:	9833905239																				
05.	e-mail id	:	mansipp@gmail.com																				
06.	Nationality	:	Indian																				
07.	Qualification in details : (attach documentary proof)	:	MBBS, MS (Obs & Gyn), DNB (Obs & Gyn), FICOG																				
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	<p>A) General Experience</p> <table border="1"> <thead> <tr> <th>Designation</th><th>From</th><th>To</th><th>Total Period (Yrs. & Months)</th></tr> </thead> <tbody> <tr> <td>Resident Registrar in Obstetrics & Gynaecology</td><td>01.08.2007</td><td>31.01.2008</td><td>06 months</td></tr> <tr> <td>Lecturer in Obstetrics & Gynecology</td><td>02.02.2008</td><td>22.10.2008</td><td>09 months</td></tr> </tbody> </table> <p>B) Experience in the Subject of concerned Fellowship /Certificate Course:</p> <table border="1"> <thead> <tr> <th>Designation</th><th>From</th><th>To</th><th>Total Period (Yrs. & Months)</th></tr> </thead> <tbody> <tr> <td>Senior Consultant in Gynecological Laparoscopy</td><td>31.10.2009</td><td>Till date</td><td>15 years & 10 months</td></tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Resident Registrar in Obstetrics & Gynaecology	01.08.2007	31.01.2008	06 months	Lecturer in Obstetrics & Gynecology	02.02.2008	22.10.2008	09 months	Designation	From	To	Total Period (Yrs. & Months)	Senior Consultant in Gynecological Laparoscopy	31.10.2009	Till date	15 years & 10 months
Designation	From	To	Total Period (Yrs. & Months)																				
Resident Registrar in Obstetrics & Gynaecology	01.08.2007	31.01.2008	06 months																				
Lecturer in Obstetrics & Gynecology	02.02.2008	22.10.2008	09 months																				
Designation	From	To	Total Period (Yrs. & Months)																				
Senior Consultant in Gynecological Laparoscopy	31.10.2009	Till date	15 years & 10 months																				
09.	Present Appointment	:	Consultant Obstetrician & Gynecologist																				
10.	Publications (List & Proof)	:	List Attached																				
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Lecturer post at KEMH																				
12.	Any other relevant information	:	-																				

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Head of the Department
Date: 11.09.2025

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Dean/ Principal/ Director of Training Centre
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Training Centre Round Seal



Dr. Niraj Uttamani
Chief Operating Officer
Lilavati Hospital & Research Centre
Bandra (W), Mumbai - 400 050.

Information of Mentor of Training Centre

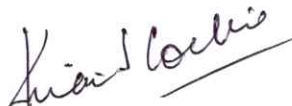
It shall be verified by the Head of the concerned Training Center,


Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Vivek Salunke																
02.	Date of Birth	:	12.09.1970																
03.	Address	:	B/704, Evershine Grandeur, Link Road, Chincholi Malad West, Mumbai 400 064																
04.	Tel. No./ Mob. No.	:	9820135478																
05.	e-mail id	:	drviveksalunke@yahoo.co.in																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD, DGO																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	A) General Experience <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Senior Registrar</td> <td>1998</td> <td>2002</td> <td>4 years</td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship /Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Laposcopic Gynecologist with Minimal Invasive Surgery</td> <td>2003</td> <td>Till Date</td> <td>21 years & 8 months</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Senior Registrar	1998	2002	4 years	Designation	From	To	Total Period (Yrs. & Months)	Laposcopic Gynecologist with Minimal Invasive Surgery	2003	Till Date	21 years & 8 months
Designation	From	To	Total Period (Yrs. & Months)																
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Designation	From	To	Total Period (Yrs. & Months)																
Laposcopic Gynecologist with Minimal Invasive Surgery	2003	Till Date	21 years & 8 months																
09.	Present Appointment	:	Full Time Senior Consultant – OBGY																
10.	Publications (List & Proof)	:	List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Faculty at Johnson & Johnson Training Centre at Mahim Faculty at CEMAST (Centre of Excellence for Minimal Access Surgery Training)																
12.	Any other relevant information	:	-																


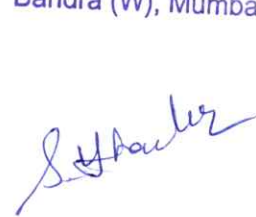
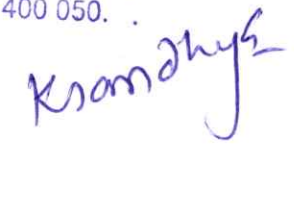
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 Bandra (W), Mumbai - 400 050.

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01.	Name of the Mentor	:	Dr. Abhay Bhawe																																
02.	Date of Birth	:	24 – 07 – 1964																																
03.	Address	:	B 108 Chardham CHS, TPS 4, 1st. Rd. Bandra (W), Bombay 400 050																																
04.	Tel. No./ Mob. No.	:	26406667, 26419094, 9820238559																																
05.	e-mail id	:	bhaveabhay@hotmail.com																																
06.	Nationality	:	Indian																																
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD (Internal Medicine), FRCPA Australia																																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	A) General Experience <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Consultant Haematologist</td> <td>2000</td> <td>2025</td> <td>24 yrs & 8 months</td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship /Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Lecturer</td> <td>1991</td> <td>1992</td> <td>1 yr</td> </tr> <tr> <td>Registrar , CMC Vellore</td> <td>1992</td> <td>1995</td> <td>3 yrs</td> </tr> <tr> <td>Registrar Sultanate of Oman</td> <td>1995</td> <td>1997</td> <td>2 yrs</td> </tr> <tr> <td>Registrar , Westmead, Australia</td> <td>1997</td> <td>2000</td> <td>3 yrs</td> </tr> <tr> <td>Consultant Haematologist</td> <td>2000</td> <td>Till date</td> <td>24 yrs 8 months</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Consultant Haematologist	2000	2025	24 yrs & 8 months	Designation	From	To	Total Period (Yrs. & Months)	Lecturer	1991	1992	1 yr	Registrar , CMC Vellore	1992	1995	3 yrs	Registrar Sultanate of Oman	1995	1997	2 yrs	Registrar , Westmead, Australia	1997	2000	3 yrs	Consultant Haematologist	2000	Till date	24 yrs 8 months
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Consultant Haematologist	2000	Till date	24 yrs 8 months																																
09.	Present Appointment	:	Full Time Consultant – Haemato Oncology																																
10.	Publications (List & Proof)	:	List Attached																																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																																
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Head of the Department
Date: 11.09.2025

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11.09.2025

Training Centre Round Seal

Dr. Niraj Uttamani
Chief Operating Officer
Lilavati Hospital & Research Centre
Bandra (W), Mumbai - 400 050.

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Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Nandita Palshetkar																
02.	Date of Birth	:	30.10.1963																
03.	Address	:	2301/02 Bayview Terraces, Hatiskar Marg, Opposite Adarsh Nagar MTNL, Exchange Prabhadevi, Mumbai 400 025																
04.	Tel. No./ Mob. No.	:	9820032315																
05.	e-mail id	:	nandita.palshetkar@gmail.com																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD (OBGY)																
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Designation	From	To	Total Period (Yrs. & Months)																
Assistant Prof - D Y Patil Hospital Mumbai. Maharashtra	01.04.1993	02.05.1998	5years & 1 month																
Designation	From	To	Total Period (Yrs. & Months)																
Full Time Consultant – Lilavati Hospital & Research Centre	01.03.1998	Till date	27years & 5 months																
09.	Present Appointment	:	Full Time Consultant OBGY and Reproductive Medicines																
10.	Publications (List & Proof)	:	10 Publications																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	List Attached																
12.	Any other relevant information	:	-																

Date: - 11.09.25



Name & Sign. of Mentor

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 Sign & Stamp
 Head of the Department

Date: 11.09.25



Training Centre Round Seal

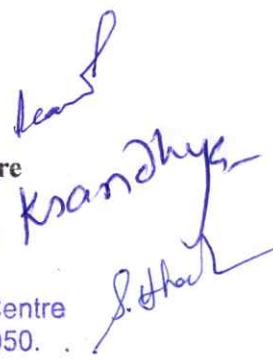

 Sign & Stamp
 Dean/ Principal/ Director of Training Centre

Date: 11.09.25

Dr. Niraj Uttamani

Chief Operating Officer

 Lilavati Hospital & Research Centre
 Bandra (W), Mumbai - 400 050.



Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No	Particular	-	Information to be filled																								
01.	Name of the Mentor	:	Dr. Kanchan Gupta																								
02.	Date of Birth	:	07 – 04 – 1976																								
03.	Address	:	801 Casablanca, Skyline Oasis, Vidyavihar (West), Mumbai 400 086																								
04.	Tel. No./ Mob. No.	:	7506949136																								
05.	e-mail id	:	kanchangupta76@gmail.com																								
06.	Nationality	:	Indian																								
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD, & DNB (Radiodiagnosis), FRCR																								
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	A) General Experience <table border="1"> <thead> <tr> <th>Designation</th><th>From</th><th>To</th><th>Total Period (Yrs. & Months)</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td></tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship /Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th><th>From</th><th>To</th><th>Total Period (Yrs. & Months)</th></tr> </thead> <tbody> <tr> <td>Asst. Prof</td><td>2005</td><td>2008</td><td>03 yrs</td></tr> <tr> <td>Consultant</td><td>2008</td><td>2020</td><td>12 yrs</td></tr> <tr> <td>Senior Consultant</td><td>2020</td><td>Till date</td><td>4 years 8 months</td></tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)					Designation	From	To	Total Period (Yrs. & Months)	Asst. Prof	2005	2008	03 yrs	Consultant	2008	2020	12 yrs	Senior Consultant	2020	Till date	4 years 8 months
Designation	From	To	Total Period (Yrs. & Months)																								
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Asst. Prof	2005	2008	03 yrs																								
Consultant	2008	2020	12 yrs																								
Senior Consultant	2020	Till date	4 years 8 months																								
09.	Present Appointment	:	Full Time Consultant Radiology																								
10.	Publications (List & Proof)	:	List Attached																								
11.	Post Graduate Teaching experience (Attach documentary evidence)	Attached	Attached																								
12.	Any other relevant information	:	-																								

Date: - 11.09.2025

Kanchan Gupta
Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

M. Deshmukh
Sign & Stamp
Head of the Department
Date: 11.09.2025

Niraj Uttamani
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11.09.2025

Training Centre Round Seal



Dr. Niraj Uttamani
Chief Operating Officer
Lilavati Hospital & Research Centre
Bandra (W), Mumbai - 400 050.

S. H. ...
K. S. ...

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No	Particular	-	Information to be filled																				
01.	Name of the Mentor	:	Dr. Manoj Deshmukh																				
02.	Date of Birth	:	23 – 03 – 1964																				
03.	Address	:	1/3 310 Ornate House, Veer Savarkar Marg, Dadar (West), Mumbai 400 028, Maharashtra																				
04.	Tel. No./ Mob. No.	:	9820284464																				
05.	e-mail id	:	drmanojdeshmukh@gmail.com																				
06.	Nationality	:	Indian																				
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD (Radio Diagnosis)																				
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	<p>A) General Experience</p> <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>B) Experience in the Subject of concerned Fellowship /Certificate Course:</p> <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Visiting Fellow in Radiology</td> <td>1990</td> <td>1995</td> <td>05 yrs</td> </tr> <tr> <td>Full Time Consultant and Head of the Department Radiology</td> <td>1995</td> <td>Till date</td> <td>29 yrs 8 months</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)					Designation	From	To	Total Period (Yrs. & Months)	Visiting Fellow in Radiology	1990	1995	05 yrs	Full Time Consultant and Head of the Department Radiology	1995	Till date	29 yrs 8 months
Designation	From	To	Total Period (Yrs. & Months)																				
Designation	From	To	Total Period (Yrs. & Months)																				
Visiting Fellow in Radiology	1990	1995	05 yrs																				
Full Time Consultant and Head of the Department Radiology	1995	Till date	29 yrs 8 months																				
09.	Present Appointment	:	Full Time Consultant and Head of the Department Radiology																				
10.	Publications (List & Proof)	:	List Attached																				
11.	Post Graduate Teaching experience (Attach documentary evidence)	Attached	Attached																				
12.	Any other relevant information	:	-																				

Date: - 11.09.2025

MDeshmukh
Name & Sign. of Mentor

Dr Manoj Deshmukh

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

MDeshmukh
Sign & Stamp
Head of the Department
Date: 11.09.2025



Training Centre Round Seal

Niraj Uttamani
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11.09.2025

Dr. Niraj Uttamani
Chief Operating Officer
Lilavati Hospital & Research Centre
Bandra (W), Mumbai - 400 050.

K. Samdhya
S. Shastri

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No	Particular	-	Information to be filled																								
01.	Name of the Mentor	:	Dr. Jitendra Jain																								
02.	Date of Birth	:	08 – 09 – 1971																								
03.	Address	:	81 – B, Kalpataru Residency, Sion East, Mumbai-22																								
04.	Tel. No./ Mob. No.	:	9892989588																								
05.	e-mail id	:	paindrjj@yahoo.com																								
06.	Nationality	:	Indian																								
07.	Qualification in details : (attach documentary proof)	:	MBBS, DA(Anaesthesiology), MD (Anaesthesiology), DNB, Pain Fellowship (Canada)																								
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	<table border="1"> <tr> <th colspan="4">A) General Experience</th></tr> <tr> <th>Designation</th><th>From</th><th>To</th><th>Total Period (Yrs. & Months)</th></tr> <tr> <td>Consultant Physician</td><td>1996</td><td>2004</td><td>8 yrs</td></tr> <tr> <th colspan="4">B) Experience in the Subject of concerned Fellowship /Certificate Course:</th></tr> <tr> <th>Designation</th><th>From</th><th>To</th><th>Total Period (Yrs. & Months)</th></tr> <tr> <td>Consultant Pain Physician</td><td>2004</td><td>2025</td><td>20 yrs & 8 months</td></tr> </table>	A) General Experience				Designation	From	To	Total Period (Yrs. & Months)	Consultant Physician	1996	2004	8 yrs	B) Experience in the Subject of concerned Fellowship /Certificate Course:				Designation	From	To	Total Period (Yrs. & Months)	Consultant Pain Physician	2004	2025	20 yrs & 8 months
A) General Experience																											
Designation	From	To	Total Period (Yrs. & Months)																								
Consultant Physician	1996	2004	8 yrs																								
B) Experience in the Subject of concerned Fellowship /Certificate Course:																											
Designation	From	To	Total Period (Yrs. & Months)																								
Consultant Pain Physician	2004	2025	20 yrs & 8 months																								
09.	Present Appointment	:	Full Time Consultant – Chronic Pain Medicine																								
10.	Publications (List & Proof)	:	List Attached																								
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																								
12.	Any other relevant information	:	-																								

Date: - 11.09.25

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Date: 11.09.25

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11.09.25

Dr. Niraj Uttamani

Chief Operating Officer

Lilavati Hospital & Research Centre
Bandra (W), Mumbai - 400 050.

Training Centre Round Seal



Date :-

Sign of Head of the Institute

Handwritten signature of Head of the Institute.

Handwritten signature of Head of the Institute.

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Vasant Nagvekar																
02.	Date of Birth	:	24 – 01 – 1967																
03.	Address	:	1801, Angelica, Mahindra, Goregaon (W), Mumbai – 400 062.																
04.	Tel. No./ Mob. No.	:	9820055178																
05.	e-mail id	:	drnagvekar@gmail.com																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	M.B.B.S., M.D., Fellow in ID.																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	A) General Experience <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Senior Consultant</td> <td>2005</td> <td>2012</td> <td>07 yrs</td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship /Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Senior Consultant Infectious Disease</td> <td>2012</td> <td>Till date</td> <td>12 yrs & 8 months</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Senior Consultant	2005	2012	07 yrs	Designation	From	To	Total Period (Yrs. & Months)	Senior Consultant Infectious Disease	2012	Till date	12 yrs & 8 months
Designation	From	To	Total Period (Yrs. & Months)																
Senior Consultant	2005	2012	07 yrs																
Designation	From	To	Total Period (Yrs. & Months)																
Senior Consultant Infectious Disease	2012	Till date	12 yrs & 8 months																
09.	Present Appointment	:	Full Time Senior Consultant – Infectious Disease																
10.	Publications (List & Proof)	:	List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																
12.	Any other relevant information	:	-																

Date: - 11.09.2025

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Date: 11.09.2025

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11.09.25

Dr. Niraj Uttamani

Chief Operating Officer

Lilavati Hospital & Research Centre
Bandra (W), Mumbai - 400 050.

Training Centre Round Seal



Handwritten signatures: *Handwritten signature*, *Handwritten signature*, *Handwritten signature*

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Ameya Medhekar																
02.	Date of Birth	:	21 – 02– 1979																
03.	Address	:	C 1804 Kohinoor Square, N.C. Kelkar Road, Dadar, Mumbai 400028																
04.	Tel. No./ Mob. No.	:	9820504822																
05.	e-mail id	:	dr.medhekar@gmail.com																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	M.B.B.S., MD (Medicine), D.T.M.H.(Liverpool), C Trop Med.																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	A) General Experience <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship /Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Senior Consultant Physician</td> <td>2007</td> <td>Till date</td> <td>18 years</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)					Designation	From	To	Total Period (Yrs. & Months)	Senior Consultant Physician	2007	Till date	18 years
Designation	From	To	Total Period (Yrs. & Months)																
Designation	From	To	Total Period (Yrs. & Months)																
Senior Consultant Physician	2007	Till date	18 years																
09.	Present Appointment	:	Senior Consultant – Physician																
10.	Publications (List & Proof)	:	List Attached																
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