

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. Vilas P. Magarkar
02.	Date of Birth	: 13/01/1969
03.	Address	273, N-3 CIDCO, Aurangabad.
04.	Tel. No./ Mob. No.	9822094181
05.	e-mail id	drvilas2007@rediffmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBBS, MD (Med) DM (Cardiology)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	Lecturer 1995 to 1996 1yr Lecturer 1999 to 2000 1yr HOD, interventional Cardiologist from 2000 to till date (22 yrs)
09.	Present Appointment	HOD - Dept. of Cardiology
10.	Publications (List & Proof)	7 chapters - 2
11.	Post Graduate Teaching experience (Attach documentary evidence)	5 yr.
12.	Any other relevant information	As mentioned in Biodata.

Date: 25/8/22

[Signature]
Name & Sign. of Mentor

For the use of affiliated Training Center:

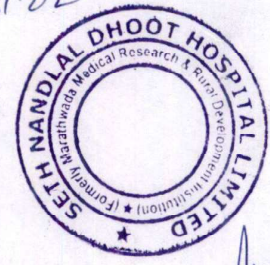
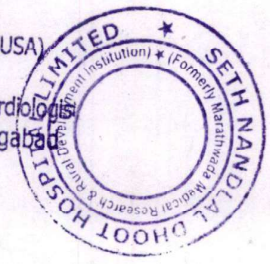
I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

[Signature]
Sign & Stamp
Head of the Department
Date: 25/8/22

[Signature]
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 25/8/22

Training Centre Round Seal

DR. VILAS P. MAGARKAR
DM(Card), MD (Med.) FSCAI (USA), FACC (USA)
Reg. No. 67885
Consultant Cardiology, Interventional Cardiology
Seth Nandial Dhoot Hospital, Aurangabad



[Signature]

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

Title of the Course applied for:- Non Invasive Cardiology

This to Certify that Dr. Vilas P. Magarkar has worked in the Department of Cardiology Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
Lecturer MGM Albad	1995	1996	1yr
Lecturer JJ Hospital	1995	2000	1yr.

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

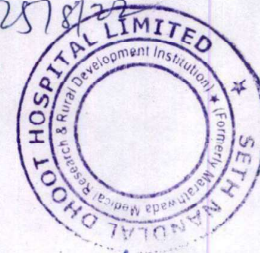
Designation	From	To	Total period Year/Months
HOD Interventional Cardiology	12/7/2000	till date	22 yrs

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

Vilas P. Magarkar
 Sign & Stamp
 Head of the Department
 Date 25/8/22

DR. VILAS P. MAGARKAR
 DM(Card), MD (Med.) FSCAI(USA), FACC(USA)
 Reg.No.67885
 Consultant Cardiology, Interventional Cardiologists
 Seth Nandlal Dhoot Hospital, Aurangabad

[Signature]
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date 25/8/22



[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 Mentor	Dr. Pravir Lathi
02.	Date of Birth	: 11/6/1972
03.	Address	A2 Pride Enigma, Harrode Alber
04.	Tel. No./ Mob. No.	93724 84731
05.	e-mail id	drpravirlathi@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MD (Med.) DNB (Cardiology)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	Assit. Prof. ^{from} 2008 to 2010 (2 yrs)
09.	Present Appointment	Interventional Cardiologist
10.	Publications (List & Proof)	3
11.	Post Graduate Teaching experience (Attach documentary evidence)	1 yr.
12.	Any other relevant information	

Date: - 25/8/2022

Name & Sign. of Mentor

For the use of affiliated Training Center:

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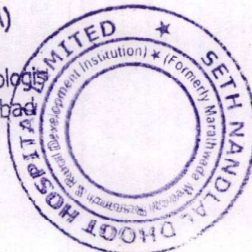
Sign & Stamp
Head of the Department

Date: 25/8/2022

Sign & Stamp
Dean/ Principal/ Director of Training Centre

Date: 25/8/2022

DR. VILAS P. MAGARKAR Training Centre Round Seal
DM(Card), MD (Med.), FSCAI(USA), FACC(USA)
Reg.No.67885
Consultant Cardiology, Interventional Cardiologist
Seth Nandlal Dhoot Hospital, Aurangabad



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

Title of the Course applied for:- Non Invasive Cardiology

This to Certify that Dr. Pravir Lathi has worked in the Department of Cardiology 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
<u>Asst. Professor</u>	<u>Aug 2008</u>	<u>Aug 2010</u>	<u>2 yrs.</u>
<u>Consultant Cardiologist</u>	<u>21/9/2010</u>	<u>till date</u>	<u>12 yrs</u>

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

[Signature]
 Sign & Stamp
 Head of the Department
 Date 25/8/22

[Signature]
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date 27/8/22

DR. VILAS P. MAGARKAR
 DM(Card), MD (Med.), FSCAI (USA), FACC (USA)
 Reg.No.67885
 Consultant Cardiology, Interventional Cardiology
 Seth Nandlal Dhoot Hospital, Aurangabad

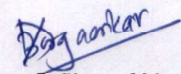


Information of Mentor of Training Centre

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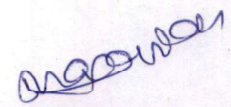
Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	Dr. Borgaonkar Devendra
02.	Date of Birth	: 14/09/1983
03.	Address	Jadhavwadi, Aurangabad.
04.	Tel. No./ Mob. No.	8983973493
05.	e-mail id	borgaonkardevendra83@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBBS, MD (Med), DM (Cardiology)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	Asst. Prof. ^{from} 2015 to 2016 1yr
09.	Present Appointment	Consultant Cardiologist
10.	Publications (List & Proof)	3
11.	Post Graduate Teaching experience (Attach documentary evidence)	2yr.
12.	Any other relevant information	As per Bids data attached.

Date: 25/8/2022


 Name & Sign. of Mentor

For the use of affiliated Training Center:

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 Sign & Stamp
 Head of the Department

Date: 25/8/2022


 Sign & Stamp
 Dean/Principal / Director of Training Centre

Date: 25/8/2022

Training Centre Round Seal
DR. VILAS P. MAGARKAR
 DM(Card), MD (Med), FSCAI (USA), FACCC (USA)
 Reg. No. 67885
 Consultant Cardiology, Interventional Cardiology
 Seth Mandali Dhoot Hospital, Aurangabad



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

Title of the Course applied for:- Non Invasive Cardiology

This to Certify that Dr. Devendra Borgaonkar has worked in the Department of Cardiology Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Assit. Prof in medicine	16/8/2011	13/12/2011	0	4 months
Assit. Prof. in Cardiology	8/10/2015	6/10/2016	1 Yr.	

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

Designation	From	To	Total period Year/Months	
Consultant Cardiologist	01/2/2019	til date	2 yrs	6 months

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

[Signature]
Sign & Stamp
Head of the Department
Date 25/8/22

DR. VILAS P. MAGARKAR
DM(Card), MD (Med.), FSCAI(USA), FACCC(USA)
Reg.No.67885
Consultant Cardiology, Interventional Cardiology
Seth Nandlal Dhoot Hospital, Aurangabad

[Signature]
Sign & Stamp
Dean/Principal/Head of Institute
Date 25/8/22



[Signature]