

## 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	SUDHA RAO CHANDRASHEKHAR
02.	Date of Birth	12.01.1965
03.	Address	D-103, TYLOON RESIDENCY, KALYAN(CW)
04.	Tel. No./ Mob. No.	+919821917880
05.	e-mail id	C_Sudha@hotmail.com
06.	Nationality	INDIAN
07.	Qualification in details : (attach documentary proof)	MD (PEDIATRICS)
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)	23 yrs
09.	Present Appointment	PERMANENT
10.	Publications (List & Proof)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	23 years.
12.	Any other relevant information	

Date: - 20/5/2022

*Sudha Rao*  
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.

*Sudha Rao*  
Sign & Stamp  
Head of the Department

Date: 20/5/2022



*Shakuntala S. Prabhu*  
Sign & Stamp  
Dean/ Principal/ Director of Training Centre

Date: 20/5/2022

**DR. SUDHA RAO**  
Neonatology

Training Centre Round Seal

**DR. SHAKUNTALA S. PRABHU**  
MD, DCH, FRCPCH (LONDON)  
REG No 57833  
PROFESSOR & MEDICAL DIRECTOR  
B. J. WADIA HOSPITAL FOR CHILDREN



Wadia Hospitals

Tel No : 24126003/9809/24185669

**BAI JERBAI WADIA HOSPITAL FOR CHILDREN**  
Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/ 37

Dt: 19/05/2022

**To whomsoever it may concern**

This is to certify that **Dr. Sudha Rao** is working as **Professor** in Department of Pediatrics & Division of Neonatology at the Bai Jerbai Wadia Hospital for Children. She has worked as Lecturer from 22nd March 1999 till 26th July 2003 and thereafter Associate Professor from 27th July 2003 till 19th July 2011. At Present she is working as Professor from 20<sup>th</sup> July 2011 to till date.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children





**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 Anjali Raghunath
02.	Date of Birth	: 24.09.1991
03.	Address	: B-132, Satpura, IIT Campus, Powai - 400076
04.	Tel. No./ Mob. No.	: 9535619550
05.	e-mail id	: dr.anjaliraghunath@yahoo.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MD Pediatrics IAP Fellowship in Neonatology
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)	: 2 1/2 years
09.	Present Appointment	: Junior Consultant
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 2 1/2 years
12.	Any other relevant information	: -

Date: - 19/5/22

*Anjali*  
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.

*Sudha Rao*  
Sign & Stamp  
Head of the Department  
Date: 20/5/2022



Training Centre Round Seal

*Shakuntala S. Prabhu*  
Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 20/5/2022

**DR. SUDHA RAO**  
Neonatology

**DR. SHAKUNTALA S. PRABHU**  
MD, DCH, FRCPCH (LONDON)  
REG No 57833  
PROFESSOR & MEDICAL DIRECTOR  
B. J. WADIA HOSPITAL FOR CHILDREN

**BAI JERBAI WADIA HOSPITAL FOR CHILDREN**  
Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/ 36

Dt: 20 / 05 / 2022

**To Whomsoever It May Concern**

This is to certify that **Dr. Anjali Raghunath** working as **Jr. Consultant** in **Neonatology** at the Wadia Hospital from 9<sup>th</sup> May 2022 to till date. Her work experience is as follows

Clinical Associate 1<sup>st</sup> May 2021 to 30<sup>th</sup> April 2022



Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children





**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 BHAVYA SHAH.
02.	Date of Birth	: 1-10-1987
03.	Address	: B-806, LAXMI KRIPA, SHAHAI RAJE MARI KOLDONGRI, VILE PARLE (E), MUMBAI 5
04.	Tel. No./ Mob. No.	: +919820248340
05.	e-mail id	: bhavya87@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: DNB PEDIATRICS, FELLOWSHIP IN NEONATOLOGY (IAP)
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)	: 6 YEARS
09.	Present Appointment	: JR CONSULTANT IN NEONATOLOGY
10.	Publications (List & Proof)	: SEE ATTACHMENT
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 5 1/2 YEARS
12.	Any other relevant information	: -

Date: - 17-5-22

*Bhavya*  
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.

*Sudha Rao*  
Sign & Stamp  
Head of the Department  
Date: 20/5/2022



**DR. SUDHA RAO**  
Neonatology

Training Centre Round Seal

*S. Prabh*  
Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 20/5/2022

**DR. SHAKUNTALA S. PRABHU**  
MD, DCH, FRCPCH (LONDON)  
REG No 57833  
PROFESSOR & MEDICAL DIRECTOR  
B. J. WADIA HOSPITAL FOR CHILDREN



Wadia Hospitals

Tel No : 24126003/9809/24185669

**BAI JERBAI WADIA HOSPITAL FOR CHILDREN**  
Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/34

Dt: 20/05/2022

**To Whomsoever It May Concern**

This is to certify that **Dr. Bhavya Yatin Shah** is working as **Jr. Consultant** in Department of **Neonatology** at the Bai Jerbai Wadia Hospital for Children from 22th July 2019 to till date.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

DR BHAVYA 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. SUMA S
02.	Date of Birth	25.12.1989
03.	Address	B-32, HYDERABAD ESTATE, MALABAR HILL, MUMBAI-26.
04.	Tel. No./ Mob. No.	8750799219
05.	e-mail id	Suma.Sund@gmail.com
06.	Nationality	INDIAN
07.	Qualification in details : (attach documentary proof)	MD PEDIATRICS DM NEONATOLOGY
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)	5 years
09.	Present Appointment	JUNIOR CONSULTANT IN NEONATOLOGY
10.	Publications (List & Proof)	SEE ATTACHMENT
11.	Post Graduate Teaching experience (Attach documentary evidence)	5 years
12.	Any other relevant information	-

Date: - 19.05.2022

*Suma*  
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.

*Sudhela*  
Sign & Stamp  
Head of the Department  
Date: 19/05/2022



*SB*  
Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 20/05/2022  
**DR. SHAKUNTALA S. PRABHU**  
MD, DCH, FRCPC (LONDON)  
REG No 57833  
PROFESSOR & MEDICAL DIRECTOR  
B. J. WADIA HOSPITAL FOR CHILDREN

**DR. SUDHA RAO**  
Neonatology

Training Centre Round Seal



Wadia Hospitals

Tel No : 24126003/9809/24185669

**BAI JERBAI WADIA HOSPITAL FOR CHILDREN**  
Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/ 35

Dt: 19 / 05 / 2022

**To Whomsoever It May Concern**

This is to certify that **Dr. Suma S** working as **Jr. Consultant** in **Neonatology** at the Bai Jerbai Wadia Hospital for Children from 13.12.2021 to till date

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

Suma  
19/1/2022





**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. VAIDEHI DANDE
02.	Date of Birth	24.02.1983
03.	Address	B506, DOSTI FLORENTINE POST ACRES, WADALA - EAST, MUMBAI - 37
04.	Tel. No./ Mob. No.	9920512320
05.	e-mail id	drvaidehi242@gmail.com
06.	Nationality	INDIAN
07.	Qualification in details : (attach documentary proof)	MD Pediatrics Fellowship in Neonatology (IAP)
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)	SR CONSULTANT - 2yrs Clinical Associate - 1yr. Assistant Professor - 9yrs P/T Consultant - 5months
09.	Present Appointment	Part time consultant
10.	Publications (List & Proof)	See Attachment
11.	Post Graduate Teaching experience (Attach documentary evidence)	11years
12.	Any other relevant information	

Date: - 20.5.22

*Dande*  
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.

*Sudharao*  
Sign & Stamp  
Head of the Department  
Date: 20/5/2022



Training Centre Round Seal

*S3B*  
Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 20/5/2022

**DR. SUDHA RAO**  
Neonatology

**DR. SHAKUNTALA S. PRABHU**  
MD, DCH, FRCPCH (LONDON)  
REG No 57833  
PROFESSOR & MEDICAL DIRECTOR  
B. J. WADIA HOSPITAL FOR CHILDREN



Wadia Hospitals

Tel No : 24126003/9809/24185669

**BAI JERBAI WADIA HOSPITAL FOR CHILDREN**  
Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/ 33

Dt:20/05/2022

**To Whomsoever It May Concern**

This is to certify that **Dr. Vaidehi Dande** working as Partime Consultant in Division of Neonatology at the Bai Jerbai Wadia Hospital for Children from 4.01.2022 to till date. Her work experience is as follows

**Assistant Professor** :18/08/2012 to 31/12/2014 (Ad hoc)

1/01/2015 to 30/09/2021 (regular)

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

