#### 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. IRA SHAH
02.	Date of Birth	:	8/12/1973
03.	Address	I.	240 D WALKESHWAR ROAD, MUMBAL
04.	Tel. No./ Mob. No.	:	3223437582
05.	e-mail id	:	isashah@pediatriconcall.com
06.	Nationality	:	HAIDUE
07.	Qualification in details :	:	MD (Pediatrics), DCH (Gold Medal)
	(attach documentary proof)		FCPS, DNB, DIPLOMA IN PEDS ID CU
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature	•	ST. RESIDENT: 1998-2000 (27%) ASST. PROF: 2001-2011 (104%)
	of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate	8	ASSO. PROF : 2011 - 2014 (34%) PROF (ABDN); 2014 - 2019 (54%)
	of each Mentor in the Subject of concerned Fellowship/Certificate Course)		PROFGHOD PEDS ADGIE HEPATOLOGY
09.	Present Appointment	:	PROF AND HOD, DEPT OF PEDIATRIC GIST
10.	Publications (List & Proof)	:	50+ (List affached)
11.	Post Graduate Teaching experience (Attach documentary evidence)	1	2 3years
12.	Any other relevant information	:	1

Date: - 17th May 2022.

For the use of affiliated Training Center:

Name & Sign. of Mentor

DR. JRA SHAH

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: 17th May 2022 R. IRA SHAH (MD) Sign & Stamp

Dean/Principal/Director of Training Centre

Date: 20/05/2022

Training Centre Round Seal

PROF & HEAD Tra
PEDIATRIC GI & INFECTIOUS DISEASES
B.J. WADIA HOSPITAL FOR CHILDREN

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



Tel No: 24126003/9809/24185669

# BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai – 400 012.

Ref.No.Certi/2022-05/20

Dt:20 /05 /2022

### To whomsoever it may concern

This is to certify that Dr. Ira Shah working as Professor & Head in Department of Pediatric Gastroentrology & Infectious Disease at the Bai Jerbai Wadia Hospital for Children. Her work experience and position in as follows,

Lecturer in Pediatrics

: 18<sup>th</sup> Dec 2011 to 12<sup>th</sup> August 2003 (Ad Hoc)

14<sup>th</sup> August 2003 to 19<sup>th</sup> July 2011 (Regular)

Associate Professor in Pediatrics

: 20<sup>th</sup> July 2011 to 20<sup>th</sup> July 2014

Additional Professor in Pediatrics

: 21<sup>st</sup> July 2014 to 31<sup>st</sup> January 2019

Professor & Head in Dept of Ped.

Gastroentrology & Infectious Disease: 1st February 2019 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 Parmarth Chandana
02.	Date of Birth	:	11/06/1383
03.	Address	:	601, M-10-B, Nisasga ch, Prahk
04.	Tel. No./ Mob. No.	:	961 94 89 555
05.	e-mail id	:	deparmanth @ gmail com
06.	Nationality	:	Indian
07.	Qualification in details :		
	(attach documentary proof)		MBBS, MD, DAA
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)	•	A SSISTENT Professor:  3/11/12-8/4/2019 (7yrs)  ASSOCIATE Professor:  9/4/2019- till present
09.	Present Appointment	:	Associate professor
10.	Publications (List & Proof)	i	9.
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	9 yrs & 2 mortys
12.	Any other relevant information	:	X.

Date: - 14/5/2020

For the use of affiliated Training Center:

Name & Sign. of Mentor
DR PARMARTH CHANDANE

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: 17th MAY 2022

DR. IRA SHAH (MD)

Training Centre Round Seal

PROF & HEAD Traped Prof & INFECTIOUS DISEASES

B.J. WADIA HOSPITAL FOR CHILDREN

Sign & Stamp

Dean/Principal/Director of Training Centre

Date: 20 05 2022

MD,DCH,FRCPCH (LOND N)
REG No 57833
PROFESSOR & MEDICAL DIRECTOR
B. J. WADIA HOSPITAL FOR CHILDREN



Tel No: 24126003/9809/24185669

# BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/31

Dt:20/05/2022

## To whomsoever it may concern

This is to certify that **Dr. Parmarth Chandane** is working as **Associate Professor** in Department of Pediatrics & Paediatric Gastroenterology Department at the Bai Jerbai Wadia Hospital for Children. His work experience and position in pediatrics as follows;

Assistant Professor: 3<sup>rd</sup> November 2012 to 8<sup>th</sup> April 2019

Associate Professor: 9th April 2019 to till date

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children



Drawfra Jan

### 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 SAUMIL SHAL	
02.	Date of Birth	:	10th May 1919	
03.	Address	:	SEA VIEW, 1st FLOOR, WEST AVENUE, MI	UMBA
04.	Tel. No./ Mob. No.	:	9820513015	54
05.	e-mail id	:	Compared to the Compared Compa	
06.	Nationality	:	JUDIAN	
07.	Qualification in details :	:		
	(attach documentary proof)		DM (GASTROENTROLOGY); DNB (GASTROIN	TEROLO
08.	Teaching Experience / Health Sciences:	:	MBBS: 1987-1993 - 6yrs	
	Profession Experience		MD: 1993-1996 - 345	
	(Attached document proof with signature of Head of the Institute. Also it is		DM : 1996 1999 - 3	
	mandatory to attach self-attested	'	DM: 1996-1999 - 3449	
	Photocopy of the Experience Certificate	'	CONSULTANT 2001 hill date - 214	
	of each Mentor in the Subject of		and acol nu dare - 214	3
09.	concerned Fellowship/Certificate Course)	<del>   </del>		
	Present Appointment		CONSULTANT 2001 the Date - 2175	
10.	Publications (List & Proof)	:	20 +	£1
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	27 years	
12.	Any other relevant information	:	١	

Date: - 12/05/2012

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: 17th May 2022

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 20/05/2022

DR. IRA SHAH (MD) PROF & HEAD

**Training Centre Round Seal** 

PEDIATRIC GI & INFECTIOUS DISEASES
B.J. WADIA HOSPITAL FOR CHILDREN

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



Tel No: 24126003/9809/24185669

# BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/31

Dt:20/05/2022

#### To whomsoever it may concern

This is to certify that **Dr. Saumil Kumar Shah** is working as Honorary Gastroentrologist in Department Paediatric Gastroenterology at the Bai Jerbai Wadia Hospital for Children from 18<sup>th</sup> **June 2018 to till date.** 

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

5hd