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. Sangeeta Mudaliar
02.	Date of Birth	:	14-02-1972
03.	Address	:	B-403, Lodha Boulevarde
04.	Tel. No./ Mob. No.	:	S167307272
05.	e-mail id	:	mudaliorsangi @ rediffmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS. DNB. MRCPCH
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)	•	Consultant, Wadia Children Hospital from 2011 to 2015-472 Full time Faculty from 2016 to till date-5 years.
09.	Present Appointment	:	Head of Depastment & Fell-time
10.	Publications (List & Proof)	:	Consultant, Dept. of Hemat-Donalogy Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached
12.	Any other relevant information	:	` \ \

Date: - 19 05 2022

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: 19/05/22

Parel, Royal Manager 12 Parel,

Sign & Stamp

Dean/Principal/Director of Training Centre

Date: 2005/2022

Training Centre Round Seal

eal
DK. SHAKUNIALA S SMIPTHU
MD,DCH,FRCPCH (LUNDIN)
REG NO 57833
GROSESSOR & MEDICAL DIRECTOR

PROFESSOR & MEDICAL DIRECTOR B. J. WADIA HOSPITAL FOR CHILDREN

Dr. Mukesh Desai (MD)
Prof. and Head of Department
Dept. of Paediatric Immunology
B. J. Wadia Hospital for Children's
Parel, Mumbai - 12.



BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/27

Dt.20 /05/2022

To whomsoever it may concern

This is to certify that Dr. Sangeeta Mudaliar is working as a Full Time Pediatric Hemato-Oncologist & HOD in Department of Pediatric Hemato-oncology and Immunology at the Bai Jerbai Wadia Hospital for Children. Her position & work experience is as follows;

Full Time Pediatric Hemato-Oncologist -

16th August 2016 to till date

HOD in Pediatric Hematology Oncology - 1st January 2018 to till date

Honorary Consultant -

2011 to 2016

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

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

Sr. No.	1		Information to be filled
01.	Name of the Mentor		Dr. Mukesh Desai
02.	Date of Birth	1	18/04/1959
03.	Address	:	18/04/1959 201/202 prithri Poradise, Borivali (w), mumbai
04.	Tel. No./ Mob. No.	:	9820037087
05.	e-mail id	:	mmdesai007 @ gmail- com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)		MD. DCH
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)		Registson sep. 84 to Aug 86-2 Lecturer-sep. 86 to Oct 90- Hon. consultant July 2001 till date - 20 years 12 mone
09.	Present Appointment	:	Prof. Hemadology - ancology
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached
12.	Any other relevant information	:	observer in BMT wit at GOSH for I month

Date: - 19/05/2022

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: 19/05/2

Dr. Mukesh Desai (MD)

Prof. and Head of Department Dept. of Paediatric Immunology B. J. Wadia Hospital for Children's Parel, Mumbai - 12.

Sign & Stamp

Dean/Principal/Director of Training Centre

Date: 20/05/2022

Training Centre Round Seal, SHAKENTALA G PRABHU MD, DCH, FROPOH (LONDON)

REG No 57833 PROFESSOR & MEDICAL DIRECTOR B. J. WATER PROSPITAL FOR CHILDREN



BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref. No. Certi/2022-05/ 25

Dt:20 /05 /2022

To whomsoever it may concern

This is to certify that **Dr. Mukesh Desai** working as a **Honorary Consultant** in Department of Pediatric Hematology & Oncology from 24th July 2001 to till date and Head of the Division of Immunology from October 2007 to till date at the B. J. Wadia Hospital for Children

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children



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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. Archara Swami
02.	Date of Birth	:	21 02 / 1968
03.	Address	:	803/B vivarea Sare Greniji Ma. Byculla, Mumbai - 11
. 04,	Tel. No./ Mob. No.	:	9820147372
05.	e-mail id	:	archanaswami @ hotmail. com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)		MBBS. DCH. MD. MRCPCH
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)	•	Hon. consultant from july 2001 to till date - 20 years to months.
09.	Present Appointment	1	Consultant, Department of
10.	Publications (List & Proof)	:	Attacked.
11.	Post Graduate Teaching experience (Attach documentary evidence)		Hematology, Onvology & Immurol. Attached. Attached
12.	Any other relevant information		1

Date: - . 19/05/22

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: 19/05/22

Dr. Mukesh Desai (MD)
Prof. and Head of Department

Dept. or Paediatric Immunology B. J. Wadia Hospital for Children's Parel, Mumbal - 12.



Training Centre Round Seal

Sign & Stamp

Dean/Principal/Director of Training Centre

Date: 20/05/2022

DR. SHAKUNTALA S. PRABHU MD,DCH,F9CPCH (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/2022-05/25

Dt:20/05/2022

To whomsoever it may concern

This is to certify that **Dr. Archana Swami** is working as a **Honorary Consultant** in Department of Pediatric Hematology & Oncology and Immunology at the Bai Jerbai Wadia Hospital for Children from 23rd July 2001 to till date.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children



Alpani

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. Nitin Shah
02.	Date of Birth	;	03/08/1960
03.	Address	:	186, A/3 vasvaninia, Jain society sion (w), Mumbai
04.	Tel. No./ Mob. No.	:	9821037-201
05.	e-mail id	:	drnitinshah @ gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	8	MD. DCH
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)		Hon. consultant - Aug 2001 to till date 20 years 9 months.
09.	Present Appointment	į	Hon. Consultant, Dept. Hemat.
10.	Publications (List & Proof)	1	Hon. Consultant, Dept. Hemat. Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	•	Attached.
12.	Any other relevant information	:	1

Date: - 19/05 2022

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

Date: 20/05/22

Sign & Stamp

Head of the Department

Date: 19 05 22

Training Centre Round Seal

DR. SHAKUNTALA S. PPABHU MD, DCH, FROPCH (LONDON) REG No 57833

Dean/Principal/Director of Training Centre

PROFESSOR & MEDICAL DIRECTOR B. J. WADIA HOSPITAL FOR CHILDREN

Dr. Mukesh Desai (MD)

Prof. and Head of Department Dept. of Paediatric Immunology B. J. Wadia Hospital for Children's Parel, Mumbai - 12.



BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/26

Dt: 20/05/2022

To whomsoever it may concern

This is to certify that **Dr. Nitin Shah** is working as a **Honorary Consultant** in Department of Pediatric Hematology & Oncology and Immunology at the Bai Jerbai Wadia Hospital for Children from August 2001 to till date.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children



4

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

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	1	Dr. Vijaya Gowri
02.	Date of Birth	:	19/10/1970
03.	Address	:	D/14-D, Vileroy Pask, Thakus Village, Kardivali (F), Mumbai
04.	Tel. No./ Mob. No.	:: :	9892970162
05.	e-mail id	3	vijayagowsi 19@ yahoo.in
06.	Nationality	:	
07.	Qualification in details : (attach documentary proof)	3	MBBS. MD. Fellowship in Pediatric Immunology
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)		CAPT/ MAJ. Aug. 95. Aug 200 5 ym. consultant Pediatrician-July 2005 to Jan 2019 - 14 yn
09.	Present Appointment	(1404)	Jr. Consultant Dept. of
10.	Publications (List & Proof)	•	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)		
12.	Any other relevant information	:	š

Date: - 19/05/2022

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: 15/05/22

Sign & Stamp

Dean/Principal/Director of Training Centre

Date: 20/05/2022

Dr. Mukosh Desai (MD) Prof. and Head of Department

Dept. of Paediatric Immunology B. J. Wadia Hospital for Children's

Parel, Mumbai - 12.

Training Centre Round Seal

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/2022-05/28

Dt&0/05/2022

To whomsoever it may concern

This is to certify that **Dr. Vijaya Gowri** is working as a **Full Time Jr. Consultant** in Department of Pediatric Immunology from 1st June 2020 to till date at the Bai Jerbai Wadia Hospital for Children. Earlier she has completed Fellowship Post in Pediatric Immunology from 8th February 2019 to 7th February 2020.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children



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