

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. ALPANA OHRI
02.	Date of Birth	08/02/1973
03.	Address	2703-B, ZEON ISLAND, AJMER, BHAKTE PARK WADALA (E)
04.	Tel. No./ Mob. No.	9324522368
05.	e-mail id	alpanaohri@yahoo.com
06.	Nationality	INDIAN
07.	Qualification in details : (attach documentary proof)	MD, DNB PEDIATRICS FELLOWSHIP IN PEDIATRIC NEPHROLOGY
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. PEDIATRICIEN - 3 year ASST PROF - 8 year ASSOCIATE PROFESSOR - 9 year
09.	Present Appointment	
10.	Publications (List & Proof)	09
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	BEST GRADUATE IN MBBS GOLD MEDAL IN DNB PEDIATRICS

Date: - 20/05/2022

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: 20/05/2022
Dr. Alpana Ohri
Assoc. Prof. Pediatrics
In Charge - PED Nephrology
B.J. Wadia Hospital For Children



Training Centre Round Seal

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



Wadia Hospitals

Tel No : 24126003/9809/24185669

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

Ref.No.Certi/2022-05/13

Dt: 20/05/2022

To whomsoever it may concern

This is to certify **Dr. Alpna Ohri** is working as Associate Professor in Department of Pediatrics & Division of Pediatric Nephrology at the Bai Jerbai Wadia Hospital for Children. Her work experience and position in pediatrics is as follows,

Assistant Professor – 04/03/2006 to 31/10/2013

Associate Professor- (Ad hoc) 1/11/2013 to 03/04/2019 &

Regular from 04/04/2019 to till date.

She has the experience of working in Division of Pediatric Nephrology at the Bai Jerbai Wadia Hospital for Children from March 2006 to till date (that is more than 10 years).

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. AMISH UDANE
02.	Date of Birth	: 14/01/1979
03.	Address	: 3 AMBIKA BHUVAN, NEW MANIKLAL ESTATE, GATE NO. 1 (PRLU)
04.	Tel. No./ Mob. No.	: 98205 88173
05.	e-mail id	: amandani@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBIS DCH/DNB/FPD
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)	: RESEARCH OFFICER - 3 YEAR JUNIOR CONSULTANT - 5 YEAR 9 MONTH FULLTIME CONSULTANT - 1 YEAR
09.	Present Appointment	: FULLTIME CONSULTANT & RECAL TRANSPLANT PHYSICIAN
10.	Publications (List & Proof)	: 13
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 13 YEARS
12.	Any other relevant information	:

Date: - 20/05/2022

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: 20/05/2022
In Charge of Pediatrics
BJ Wadia Hospital For Children



Training Centre Round Seal

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

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/2022-05/15

Dt: 20/05/2022

To Whomsoever It May Concern

This is to certify that **Dr. Amish H. Udani** working as **Full time Consultant** in Paediatric Nephrology & Renal Transplant Physician at the Bai Jerbai Wadia Hospital for Children. His position & work experience is as follows;

Research Officer : February 2012 to January 2015

Jr. Consultant : February 2015 to May 2021

Full time Consultant : 3rd May 2021 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. ATUL DEOKAR
02.	Date of Birth	: 9/4/1973
03.	Address	: 202/A WING 1, GUNDECHA SYMPHONY VEERA DESAI RD, ANDHRA
04.	Tel. No./ Mob. No.	: 9820124092
05.	e-mail id	: adeokar@hotmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS / MD / FELLOWSHIP IN PEDIATRIC NEPHROLOGY
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)	
09.	Present Appointment	: SR. PEDIATRICS IN DIVISION OF PEDIATRIC NEPHROLOGY
10.	Publications (List & Proof)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 21 YEARS
12.	Any other relevant information	

Date: - 20/05/2022

A. Deokar
Name & Sign. of Mentor
DR. ATUL DEOKAR

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.

Alpav
Sign & Stamp
Head of the Department

Date: 20/05/2022



Training Centre Round Seal

S. Prabh
Sign & Stamp
Dean/ Principal/ Director of Training Centre

Date: 20/05/2022

DR. SHAKUNTALA S. PRABHU
MD, DCH, FRCCH (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/ 14

Dt: 20/05/2022

To whomsoever it may concern

This is to certify that **Dr. Atul Deokar** is working as a **Pediatrician** in Division of Paediatric Nephrology from 12/10/2001 to till date at the Bai Jerbai Wadia Hospital for Children.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

A. Deokar



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. SHASHANK PAREKHJI
02.	Date of Birth	12/11/1962
03.	Address	CHOWPATY VIEW, 4 TH FLOOR SANDHURS
04.	Tel. No./ Mob. No.	9874095338
05.	e-mail id	shp@rediffmail.com
06.	Nationality	INDIAN
07.	Qualification in details : (attach documentary proof)	MBBS (OCH/M)
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. IN PEDIATRIC NEPHROLOGY
09.	Present Appointment	SR. PEDIATRIC IN DIVISION OF PEDIATRIC NEPHROLOGY
10.	Publications (List & Proof)	1
11.	Post Graduate Teaching experience (Attach documentary evidence)	28 YEARS
12.	Any other relevant information	

Date: - 20/05/2022

Sh. Parrot
Name & Sign. of Mentor

For the use of affiliated Training Center:

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Sh. Parrot
Sign & Stamp
Head of the Department

Date: 20/05/2022

In Charge - Prof. Pediatrics
B. J. Wadia Hospital For Children



Training Centre Round Seal

Sh. Parrot
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



Wadia Hospitals

Tel No : 24126003/9809/24185669

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Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/ 16

Dt: 20/05/2022

To whomsoever it may concern

This is to certify that **Dr. Shashank Parekhji** is working as a **Sr. Pediatrician** in Division of Paediatric Nephrology from 01/08/1995 to till date at the Bai Jerbai Wadia Hospital for Children.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

