

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. Shilpa Kulkarni
02.	Date of Birth	: 01-06-1974
03.	Address	: 1207, Dosti Ambrosia, Dosti Acres, Wadala (E).
04.	Tel. No./ Mob. No.	: 9819974243
05.	e-mail id	: skulkarni.shilpa@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MD, DCH, DNB, MNAMS
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)	: DESIGNATION FROM TO TOTAL PERIOD (YRS & MTHS) ASST. PROF 2001 2007 5 YRS ASSOC. PROF 2007 2014 7 YRS ADDL. PROF 2014 Till date 7 YRS
09.	Present Appointment	: Additional Professor
10.	Publications (List & Proof)	: ?
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 22 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: 20/05/22



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

DR. SHILPA KULKARNI
Paediatric Neurology



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/ 01

Dt: 20/05/2022

To whomsoever it may concern

This is to certify that **Dr. Shilpa Kulkarni** is working as **Additional Professor** in Department of Pediatrics & Division of Pediatrics Neurology & Epilepsy at Bai Jerbai Wadia Hospital for Children. Her position and work experience is as follows,

Ad hoc Lecturer: -	20 th October 2001 till July 2003
Regular Lecturer -	August 2003 to July 2007.
Ad hoc Associate Professor -	August 2007 to July 2011
Regular Associate Professor -	20 th July 2011 to 20th July' 2014.
Additional Professor -	21 st July' 2014 to till date.

Dr. Shakuntala Prabhu
Medical Director & Professor
Dept. of Paediatric & Paediatric Cardiology
Bai Jerbai Wadia Hospital for Children



Self Attested
SOP

Information of Mentor of Training Centre
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Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. Anaita Udawadia Hegde
02.	Date of Birth	: 23-12-1966
03.	Address	: 301, Tanhee Heights, Nappansea k Mumb
04.	Tel. No./ Mob. No.	: 9820186155
05.	e-mail id	: anaitahegde@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MD (Ped) DCH, 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)	: Asst Prof 1994-1999 (5 YEAR)
09.	Present Appointment	: Honorary Neurology & Epilepsy Con
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 5 YRS till 1999 Fulltime DNB tr
12.	Any other relevant information	:

Date: - 20/05/2022

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Paediatric Neurology



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Ref.No.Certi/2022-05/ 63

Dt: 20/05/2022

To whomsoever it may concern

This is to certify that **Dr. Anaita Udwardia - Hegde** working as a **Consultant Pediatric Neurologist** in Department Pediatrics Neurology & Epilepsy at the Bai Jerbai Wadia Hospital for Children. Her position and work experirnce is as follows,

Lecturer: -	June 1995 to November 1999
Clinical Assistant:-	December 1999 to 2001
Consultant Pediatric Neurologist: -	August 2001 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

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Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	PATAL RAJENDRA SHAH
02.	Date of Birth	27-09-1981
03.	Address	201, DARSHAN MANDIR CHS, BORIVALI (W)
04.	Tel. No./ Mob. No.	9819341248
05.	e-mail id	dr.patalshah@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MD. Pediatrics Fellowship in Neurology & Epilepsy (Peds)
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)	III year MD - 14 yrs. senior resident - 2yrs 4mths. Asst. prof : 3 yrs 5mths. consultant (Paed. Neuro) - 2 years. Sr. Clinical Asso : 3 years. (Paed. Neuro)
09.	Present Appointment	SENIOR CONSULTANT (Paediatric Neurology)
10.	Publications (List & Proof)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	11 years.
12.	Any other relevant information	

Date: - 20/05/2022

T.R. Shah
Name & Sign. of Mentor

For the use of affiliated Training Center:

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[Signature]
Sign & Stamp
Head of the Department
Date: 20/05/2022



Training Centre Round Seal

[Signature]
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/2022

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

DR. SHILPA KULKARNI
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Ref. No. Certi/2022-05/ 64

Dt: 20/05/2022

To whomsoever it may concern

This is to certify that **Dr. Payal Rajendra Shah** working as **Sr. Consultant** in Department of Pediatric Neurology & Epilepsy at the Bai Jerbai Wadia Hospital for Children. Her work experience and position is as follows,

Part Time Consultant : 15th Jaunary 2020 to 3rd October' 2021

Sr. Consultant : 04th October 2021 to till date

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

Sc/H attested
T.R. Shah

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. VAUSHABH SOPAN GAWALI.
02.	Date of Birth	4 th JULY 1986.
03.	Address	A-302 / VASOMI ATRIENA / THANE-W.
04.	Tel. No./ Mob. No.	9145322802.
05.	e-mail id	dr.vrushabhgawali@gmail.com.
06.	Nationality	INDIAN.
07.	Qualification in details : (attach documentary proof)	M.D, DNB (Pediatrics) Fellowship in Pediatric Neurology & Dev. Peds.
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	JUNIOR CONSULTANT.
10.	Publications (List & Proof)	4.
11.	Post Graduate Teaching experience (Attach documentary evidence)	4 years.
12.	Any other relevant information	

Date: - 20/05/2022

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Head of the Department

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DR. SHILPA KULKARNI
Paediatric Neurology

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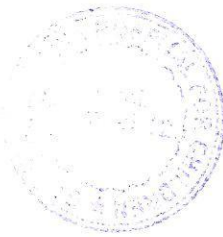
This is to certify that **Dr. Vrushabh Gavali** has worked as **Assistant Professor** in Department of Pediatrics & Division of Pediatric Neurology & Epilepsy from 22nd October 2018 to 31st July' 2019 (Adhoc) & Regular from 1st August 2019 to 30th November 2021 with executive Responsibility of Pediatric Neurology patients at the Bai Jerbai Wadia Hospital for Children. He is currently working as Fulltime Consultant in Division of Pediatrics Neurology & Epilepsy from 1st December 2021 to till date.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children



Self Attested