

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. Uday Andar
02.	Date of Birth	28-12-1954
03.	Address	2/8, Talmaki Wadi, J.D. Marg, Mumbai-07
04.	Tel. No./ Mob. No.	9820144021
05.	e-mail id	udayandar@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MCh Neurosurgery
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)	1) Reg. Neurosurgery July 81-Jan 83. 2yrs 2) Tutor Lect. Neurosurg sept 85-Feb 88 2 1/2 yrs 3) Consultant Neurosurg. Nov. 95 - till date.
09.	Present Appointment	Fulltime Consultant & Head of Paediatric Neurosurgery Dept.
10.	Publications (List & Proof)	25
11.	Post Graduate Teaching experience (Attach documentary evidence)	24 years.
12.	Any other relevant information	

Date: - 18/5/2022

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: 18/5/2022

DR. UDAY ANDAR
Paediatric Neurosurgery Training Centre Round Seal



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

DR. SHAKUNTALA S. PRABHU
MD, DCH, FRCR (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/ 24

Dt: 20/05/2022

To Whomsoever It May Concern

This is to certify that **Dr. Uday Andar** is working as Consultant & Head of Pediatric Neurosurgery Department at the Bai Jerbai Wadia Hospital for Children from 1st August 2013 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	Dr. C. E. Deopujari
02.	Date of Birth	31-08-1954
03.	Address	52, Yojak, Artek Apartment, Kala Nagar, Bandra (E)
04.	Tel. No./ Mob. No.	9819831736
05.	e-mail id	d.chandrasekhar 11 @ gmail . com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MS (Gen-Surgery) , MCh (Neurosurgery)
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)	32 years
09.	Present Appointment	Honorary Neurosurgeon
10.	Publications (List & Proof)	4 books , 17 chapters , 81 articles in peer-reviewed journal
11.	Post Graduate Teaching experience (Attach documentary evidence)	28 years
12.	Any other relevant information	

Date: - 18/5/2022

Name & Sign. of Mentor

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Sign & Stamp
Head of the Department

Date: 18/5/2022

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 20/05/2022

DR. UDAY ANDAR
Paediatric Neurosurgery

Training Centre Round Seal

DR. SHAKUNTALA S. PRABHU
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Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/2A

Dt:20/05/2022

To Whomsoever It May Concern

This is to certify that **Dr. C.E. Deopujari** is working as **Honorary Neurosurgeon** in Pediatric Neurosurgery Department at the Bai Jerbai Wadia Hospital for Children from 1st April 1995 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	Dr. N. Biyani
02.	Date of Birth	08-11-1972
03.	Address	721-A, Amark Regency, Mulund(w), Mumbai
04.	Tel. No./ Mob. No.	9321739632
05.	e-mail id	nkbiyani@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MCh Neurosurgery
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)	1) MBBS 1991-1997 6 years. 2) MS 1997-2000 3 years. 3) MCh Neurosurgery 2000-2003 3 years.
09.	Present Appointment	Clinical Associate
10.	Publications (List & Proof)	7
11.	Post Graduate Teaching experience (Attach documentary evidence)	22 years
12.	Any other relevant information	

Date: - 18/05/2022

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Sign & Stamp
Head of the Department
Date: 18/05/2022

DR. UDAY ANDAR
Paediatric Neurosurgery



Training Centre Round Seal

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

DR. SHAKUNTALA S. PRABHU
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Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/ 23

Dt: 20/05/2022

To Whomsoever It May Concern

This is to certify that **Dr. Naresh Kumar Biyani** is working as a **Clinical Associate** in Pediatric Neurosurgery Department at the Bai Jerbai Wadia Hospital for Children from 1st June 2014 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. Pawan Chawla
02.	Date of Birth	29-09-1989
03.	Address	5/12, Vivekanand Cus, Mahim, Mumbai
04.	Tel. No./ Mob. No.	9167268558
05.	e-mail id	fwcs.pwn@yahoo.co.in
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	DNB Neurosurgery
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)	1) mbs 2007-2013 6 year 2) DNB Neurosurgery 2014-2020 6 year
09.	Present Appointment	Full time Consultant
10.	Publications (List & Proof)	4
11.	Post Graduate Teaching experience (Attach documentary evidence)	1 year.
12.	Any other relevant information	

Date: - 18/05/2022

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Sign & Stamp
Head of the Department
Date: 18/05/2022



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

DR. UDAY ANDAR
Paediatric Neurosurgery

Training Centre Round Seal

DR. SHASHI K. S. PRABHU
MD, DCH, FRCPC (LONDON)
REG No 57833
PROFESSOR & MEDICAL DIRECTOR
B. J. WADIA HOSPITAL FOR CHILDREN



Wadia Hospitals

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Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref. No. Certi/2022-05/22

DT: 20/05/2022

To Whomsoever It May Concern

This is to certify that Dr. Pawan Chawla is working as Full time Consultant Paediatric Neurosurgeon in Pediatric Neurosurgery Department at the Bai Jerbai Wadia Hospital for Children from 11th September 2021 to till date.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

