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. A I SUYODHAN REDDY
- 02.	Date of Birth	:	10.09.1972
03.	Address	:	1-2 G-1, Suyog CHS, NEROL, SCC-1
04.	Tel. No./ Mob. No.	:	9820514077
05.	e-mail id	:	suyodhann@yahoo.co.in
06.	Nationality		INDIANI
07.	Qualification in details :	:	Mich Pediahic Surgery
•	(attach documentary proof)		M.Ch Pediahic Surgery PNB Pedsong
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)	•	19yrs 9monts
09.	Present Appointment	:	ADDITIONAL PROFESSOR
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	15yr 6months
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

Head of the Department

Date: 1905/22_

Sign & Stamp

Dean/Principal/Director of Training Centre

Date: 20/05/2022

DR. SHAKUNTALA S. PRABHU MD, DCH, FRCPCH (LONDON)

REG No 57833

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

Training Centre Round Seal

lumbai-

DR. SUYOUHAN REDDY ssociate Professor, Reg. No. 8194 B J. Wadia Hashitel for Children



Tel No: 24126003/9809/24185669

BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref. No. Certi/2022-05/12

Dt: 20/05/2022

To Whomsoever It May Concern

This is to certify that **Dr. Suyodhan A. Reddy** is working as **Additional Professor** in Department of Paedaitric Surgery & Paediatric Oncology at the Bai Jerbai Wadia Hospital for Children His position & work experience is as follows;

Associate Professor: 01/01/2013 to 31/12/2015

Additional Professor: 01/01/2016 to till date

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children



Suyodhen

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	_	
02.	Date of Birth		DS. Clatatri. MUNGHATE
03.	Address	4	10-08-1016
04.	Tel. No./ Mob. No.	+:	F-1707, DAR HOSKAR WADI, 1A1
05.	e-mail id	+	-6920574934
06.	Nationality	1.	d&gayatrism@gmail-Com
07.	Qualification in details : (attach documentary proof)	:	MBBS
i I	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	:	Mch (Pard Suzgery)
00	oncerned Fellowship/Certificate Course)		134x 7 montes
	resent Appointment ublications (List & Proof)	:	Associate professor
	ost Graduate Teaching experience	:	Attached
(A)	tach documentary evidence)		the transfer.
2. A	ny other relevant information	:	NIL Months.

Date: -. 19/5/22

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.

Mumbai-12.

Sign & Stamp

Head of the Department

Date: 19/05/22

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Name & S

Date: 20/05/2022
DR. SHAKUNTALA S. PRABHU MD, DCH, FRCPCH (LONDON) REG No 57833

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

DR. SUYOUHAN REDIDINING Centre Round Seal ssociate Professor, Reg. No. 8194

B J. Wadia Hashini for Childran



Tel No: 24126003/9809/24185669

BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref. No. Certi/2022-05/12-

Dt:20 /05/2022

To Whomsoever It May Concern

This is to certify that **Dr. Gayatri Munghate** working as **Associate Professor** in Department of Paedaitric Surgery & Paediatric Oncology at the Bai Jerbai Wadia Hospital for Children

Assistant Professor: 20/05/2016 to 1/12/2021

Associate Profesor: 2/12/2021 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	:	Rajan Garl.
02.	Date of Birth	:	al - 1 - 13 pt
03.	Address	:	RTH HC.
04.	Tel. No./ Mob. No.	:	9729440 230
05.	e-mail id	:	10000
06.	Nationality	ŀ	sayon gang 1985 (2) gm
07.	Qualification in details :	:	V
•	(attach documentary proof)	155	MBBS, MCH Red S.
08.	Teaching Experience / Health Sciences:	:	
	Profession Experience		
	(Attached document proof with signature		3
	of Head of the Institute. Also it is	- 12	
,	mandatory to attach self-attested		
	Photocopy of the Experience Certificate of each Mentor in the Subject of		2
	concerned Fellowship/Certificate Course)		
00	<u> </u>		(yr.
09.	Present Appointment	:	In wishlant, Contrac
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience	:	
	(Attach documentary evidence)		_
12.	Any other relevant information	:	

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: 12/05/22

Sign & Stamp

Dean/Principal/Director of Training Centre

Date: 20 85 22

DR. SUYOUHAN REDEraining Centre Round Seal

B. J. Wadia Hospital for Children

DR. SHAKUNTALA S. PRARHU MD, DCH, FRCPCH (LONDON) REG No 57833 PROFESSOR & MEDICAL DIRECTOR B I WADIE HOSPITAL FOR OUR



Tel No: 24126003/9809/24185669

BAI JERBAI WADIA HOSPITAL FOR CHILDREN

Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref. No. Certi/2022-05/ 11

Dt:20/05/2022

To Whomsoever It May Concern

This is to certify that **Dr. Rajan Garg** working as **Sr. Consultant** in Department of Paedaitric Surgery & Paediatric Oncology at the Bai Jerbai Wadia Hospital for Children from 01/09/2021 to till date.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

Paja 13.5.22

