

**PART - I**  
(INSTITUTIONAL INFORMATION)

1. Particulars of Director Dean Principal: *fw7io so mci i.s Head of Training Centre*  
Name: DR. (Brig) Raj Kumar Age: 60 yrs (Date of Birth) 02.01.1963

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	MD	1990	PGIMS Rohtak	MD UNIVERSITY, ROHTAK

**Teaching Experience**

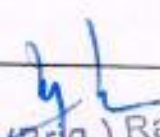
Designation	Institution	From	To	Total Exp.
Asst. Professor	Armed Forces Medical Services (c/o AFMC, Pune)	30.10.1992	31.01.2022	05 yrs
Asso. Professor/Reader	Armed Forces Medical Services (c/o AFMC, Pune)			04 yrs
Professor	Armed Forces Medical Services (c/o AFMC, Pune)			06 yrs 06 months
Any Other				
Grand Total				15 Years 06 months

2. Management/Society/Inst. Information

01	i) Name of the Society/Institution/ College/University Department:	K EM Hospital Pune
	ii) Postal Address, with PIN:	489 RASTA PETH, SARDAR MOODILAR ROAD, PUNE- 411011
	m) Contact Details:	Mob: 8972463735 Tele:
	iv) E-mail ID:	academics@kemhospital.org
02	Society/Institution/College Registration Number and date:	i) Public Trust Act 1950: F61 POONA 06/11/1962
		ii) Society's Registration Act. 1860: 710 PUNE.
		m) Year of establishment: 1912
		iv) Copies of Registration Constitution and Memorandum of Association attached? *Yes
03	Hospital Information : (it is mandatory for Training Center applying Institute to have their own functional Hospital as per norms)	i) Name of the Hospital No
		ii) Nursing Home Registration
		iii) Establishment Year
		iv) E-mail ID:
04	i) Name of the College/Institute where course is to be conducted :	K.E.M. HOSPITAL, PUNE
	ii) Postal Address, with PIN:	489 RASTA PETH, SARDAR MOODILAR ROAD, PUNE-
	ia) Contact Details:	Mob:8972463735 Tele:
	iv) E-mail ID:	academics@kemhospital.org
	v) List of University approved Fellowship/Certificate Course(s) continuation / already running at Training Centre with Intake Capacity	Attach List

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Director Academics  
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	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course( s) ART Required Intake Capacity : 2 (if necessary Attach separate List)
05	Fee details: (Bank/DD no./ date/amount)	Valid DD Attached? *Yes
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No— file attached
07	Budgetary provision for the FC/CC/DC for the next 03 years :	File attached
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Copy of Management Resolution attached? Yes (file attached )

  
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**ANNEXURE-"A"**

**Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- Fetal Medicine

This to Certify that Dr Shreepad Karhade has worked in the Department of Fetal Medicine, Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Lecturer	04.09.2004	31.07.2007	02	10
Consultant	01.03.2008	31.08.2014	06	05

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Asso. Consultant	Sept. 2014	Till date	08	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Shreepad*  
Sign & Stamp  
Head of the Department  
Date

*gkh*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date  
MD, PhD.  
Director Academics  
K.E.M. Hospital, Pune-411011



# (INSTITUTIONAL INFORMATION)

ANNEXURE B

1. Particulars of Director Dean Principal: *fw7io so me i,s Head of TInriungCeitli e*  
 Name: DR. MADHUR S. RAO Age: 64 (Date of Birth) 24.03.1957

PG Degree Recognized / Not Recognized	Subject	Year	Institution	University
	MBA	2001	University of Gloucestershire	

## Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor				
Asso. Professor/Reader				
Professor				
Any Other	KEM Hospital	15/02/2015	TILL DATE	6 Years
			Grand Total	6 Years

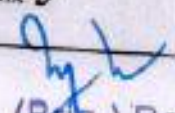
## 2. Management/Society/Inst. Information

01	i) Name of the Society/Institution/ College/University Department:	
	ii) Postal Address, with PIN:	
	m) Contact Details:	
	iv) E-mail ID:	Mob: _____ Tele: _____
02	Society/Institution/College Registration Number and date:	i) Public Trust Act 1950: F61 POONA 06/11/1962 ii) Society's Registration Act. 1860: 710 PUNE. m) Year of establishment: 1912 iv) Copies of Registry Constitution and Memorandum of Association attached? - Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> as Appendix 'A'
03	Hospital Information : (It is mandatory for Training Centers applying Institute to have their own functional Hospital as per norms )	
	i) Name of the Hospital	No. _____ KING EDWARD MEMORIAL HOSPITAL, PUNE
	ii) Nursing Home Registration	LCBP-0506-01382
	iii) Establishment Year	1912
04	i) Name of the College/Institute where course is to be conducted:	K.E.M. HOSPITAL, PUNE
	ii) Postal Address, with PIN:	
	iii) Contact Details:	
	iv) E-mail ID:	Mob: _____ Tele: _____
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) ..... Approved Intake Capacity... .. Affiliated Since... (if necessary Attach separate List)
	vi) Training Centre / Institute willing/ desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) ..... Required Intake Capacity... .. (if necessary Attach separate List)
05	Fee details: (Bank/DD no./ date/amount)	Valid DD Attached? *Yes/No.
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No - attach as Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) 20... .. Rs. _____

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08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No.....dated. Copy of Management Resolution attached? *Yes/No — — hails as appendix D'
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Other Information:	
a) Land:	*Yes/No. If yes, then Area: YES
i) Whether the land is owned by the Applicant institute/Colleges Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? YES si,il: as .4p}3enc4fX 'E'
ii) Whether the land is registered?	Yes. If yes, Registration Number: 2208 Dated: 14/10/1986. at (Place): PUNE Copy of Land Registration Certificate attached? Yes ri ** > 1°p-ildix 'F'
m) Any loans, mortgage, etc. shown against the title of the land:	No. - Mark as Appendix 'G'
b) Building:	183912.96 sq. ft.
i) Total built-up area:	Certified copy of Building Plan attached? Yes

- Mark as Appendix 'H'

### 3. Central Library

- Total number of Books in library: 4469
- Books pertaining to concerned Fellowship subject: 45
- Purchase of latest editions of concerned books in last 3 years: 6

Journals	Total	concerned Fellowship subject
Indian		
Foreign		

- Year / Month up to which latest Indian Journals available: UPTO Dec. 2022 (25 BOOKS)
  - Year / Month up to which latest Foreign Journals available: UPTO Dec. 2022 (72 BOOKS)
  - Internet, Med pub / Photocopy facility: AVAILABLE
  - Library opening times: 09:00 TO 17:00 HRS
  - Reading facility out of routine library hours: AVAILABLE
- (Obtain list of books & journals duly signed by Dean)

### 4. Recreational facilities:

Available / Not available

Play grounds Gymnasium
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### ii. Hostel Accommodation :

Particular	UG		PG		Interns	
	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
No. of Rooms	NA	NA	161		NA	NA
No. of Students	NA	NA	VARIABLE		NA	NA
Status of Cleanliness	NA	NA	FAIR		NA	NA

- Residential accommodation for Staff / Paramedical staff: AVAILABLE
- Ethical Committee (Constitution) : YES
- Medical Education Unit (Constitution) : YES, 12+ Emergency meetings as required (Specify number of meetings held annually & minutes thereof)

- Any other faculty specific information required : (such as Herbal garden / Panchakarma Unit / Plimniacy / Dental Chans nd Units/in per the requirement)

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Attached details



## (HOSPITAL INFORMATION)

1. Name of the Hospital: KING EDWARD MEMORIAL HOSPITAL, PUNE
- 1 Total number of OPD, &D in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	136636	OPD	8568
IPD (Total No. of Patients admitted)	19059	IPD (Total No. of Patients admitted)	3188

3. Hospital Beds Distribution & No of O.T. :

In the entire hospital	
No of Beds	634
No of Beds in ICU	45 (Adults), 10 (Paediatrics). 34 (NICU)
No of Beds in IRCU	Part of Adult ICU
No of Beds in SICU	As above + Cardiac recovery 6 Beds
No of Major O.T.	09
No of Minor O.T.	01

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

On Inspection day      Average of random 3 days

- Daily OPD — 2 PM
- Daily admissions
- Daily admissions in Dept. Through casualty at 10am
- Bed occupancy in the Dept. at 10 AM
- Number of patients
- Percentage bed occupancy at

.....

.....

- Clinical Procedure(s) & Operative Details related to Fellowship subject/specialty : (Nar further details in this concern kindly peruse the Guidelines information sheet supplied herewith)

On Inspection day      Average of random 3 days

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K.E.M. Hospital, Pune-411011



**DEPARTMENTAL INFORMATION**

(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)

1. Fellowship Specialty Department to be inspected: Fetal Medicine
2. Date on which independent department of: functioning concerned specialty was created and started Since 2014
3. Mentor's details (From start of department till date) :

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1.	Dr. Shreepad Karhade	Full time	Head of the Department	MBBS, DGO, DNB	21 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :  
Yes/No: Yes Since when: 2014

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	200	Available	
Clinics	2 x 100	Available	
Laboratory Space	>200	Available	
Seminar room	150	Available	
Department Library	150	Available	
PG common room	>100	Available	
Pre-clinical lab (where ever applicable)	NA	NA	NA
Patient waiting room	>200	Available	
Total area	1200		

6. If course already started, year wise number of students admitted and available Mentors to teach students admitted to Fellowship / Certificate Course during the last 3years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2020-21	Fetal Medicine	02	Dr. Shreepad Karhade
2021-22	Fetal Medicine	01	Dr. Shreepad Karhade
2022-23	Fetal Medicine	02	Dr. Shreepad Karhade

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-teaching Staff in the department:

Sr. No.	Name	Designation
1	Mrs. Poonam Salunkhe	Staff Nurse
2	Mrs. Trupti Terphale	Receptionist

8. List of Equipment(s) in the department of concerned Fellowship subject: Equipment's: List of Important equipment's available and their functional status (List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1	VVOLUSON E6	USG	FUNCTIONAL	
2	MINIDRAY DC 80	USG	FUNCTIONAL	

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24. Intensive care Service provided by the Department: (Emergency) YES
25. Specialty clinics being run by the department and number of patients in each :

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
2	MEDICAL GENETICS	MON-FRI	9 AM TO 2 PM	15	DR. MINAL AGARWAL

26. Services provided by the Department:

a) Services

iv. SCANS : EARY, NT, ANOMALY, GROWTH, DOPPLER, ECHO

v. AMNIOCENTESIS, CVS

vi. FETAL REDUCTION, AMNIOREDUCTN, IUT, INTERSTITIAL EQUATORIAL, LASER, ABLATION

(b) Ancillary Services

(f) Others: \_\_\_\_\_

27. Space:


Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	YES	
2	Equipment's	YES	
3	Teaching Space	YES	
4	Waiting area for patients	YES	

28. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes	HOD	YES
Staff (Steno /Clerk).	Yes	Professors	YES
Computer/ Typewriter	Yes	Associate Professors	YES
Storage space for files	Yes	Assistant Profess or	
		Residents	YES

29. Clinical Load of Dept.: No of Surgeries / Procedures 1-2 Per day

30. Submission of data to National Authorities if any : YES (PCPNDT)

  
Dr. (Brig.) Raj Kumar  
MD, PhD.

Director Academics  
K F M. Hospital, Pune-411011


## Annexure – E

The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff. (Separate form shall be filled for Director, Co-ordinator & Mentor)

Sr. No.	Particular	Information to be filled
01.	Name of Director	: DR. RAJKUMAR
02.	Date of Birth	: 02.01.1963
03.	Address	: 222, DELMAR TOWERS, CLOVER VILLAGE,
04.	Tel. No./ Mob. No.	: 8972463735
05.	e-mail id	: Rajkem2022@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, MD (SOCIAL AND PREVENTIVE MEDICINE), PhD (ZOOLOGY/ENTOMOLOGY)
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	: 15 Yrs 06 Months
09.	Present Appointment	: DIRECTOR ACADEMICS
10.	Publications (List & Proof)	: NA
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 15 Yrs 06 Months
12.	Any other relevant information	:

- Note:**
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
  2. Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
  3. Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
  4. In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
  5. Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

Date :- 31 July 2023

  
Sign. of Teaching Staff  
Dr. (Brig.) Raj Kumar  
MD, PhD.  
Director Academics  
K.E.M. Hospital, Pune-411011



**Information of Mentor of Training Centre**  
It shall be verified by the Head of the concerned Training Center,

**ANNEXURE - "F"**

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: DR. SHREEPAD.V.KARHADE
02.	Date of Birth	: 25.04.1974
03.	Address	: BHANSALI CAMPUS, SINHAGAD ROAD, VADGAON BK PUNE
04.	Tel. No./ Mob. No.	: 9422505787 / 9881590949
05.	e-mail id	: KARHADESHREEPAD@GMAIL.COM
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, DCO, DNB, TRAINED IN FETAL MEDICINE
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)	: KEMH, PUNE MAY 2003 CONSULTANT 12 YEARS FETAL MEDICINE CONSULTANT 6 YEARS
09.	Present Appointment	: ASSO. CONSULTANT (FETAL MEDICINE)
10.	Publications (List & Proof)	: ARTICLE IN FOGSI
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 19 YEARS
12.	Any other relevant information	:

Date: -

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  
DR. SHREEPAD V. KARHADE

DGO, DNB, (OBGY)  
HOD, FETAL MEDICINE DEPT  
REG NO.082718  
KEM HOSPITAL, PUNE

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

DR. MADHUR RAO

GR. DY. MEDICAL ADMINISTRATOR  
K.E.M. HOSPITAL, PUNE

Dr. (Brig.) Raj Kumar  
MD, PhD.  
Director Academics





**ANNEXURE - "G"**  
**Information of Co-ordinator 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 Co-ordinator	: DR. RABIN MAJUMDER
02.	Date of Birth	: 04.01.1962
03.	Address	: 102, TATVAM HOMES, JAGTAP NAGAR, PUNE 411040
04.	Mob. No.	: 9822051569
05.	E-mail id	: Rabinmajumder1962@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, MD (OBGY)
08.	Present Appointment	: SENIOR CONSULTANT
09.	Any other relevant information	: DNB POST GRADUATE TEACHER

Date:

Sign & Stamp  
Head of the Department  
Date:

**DR. SHREEPAD V. KARHADE**  
DGO, DNB, (OBGY)  
HOD, FETAL MEDICINE DEPT  
REG NO.082718  
KEM HOSPITAL, PUNE



Training Centre Round Seal

Rabin Majumder  
Sign. of Co-ordinator

Rabin Majumder

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

**DR. MADHUR RAO**  
SR. DY. MEDICAL ADMINISTRATOR (Brig.)  
K.E.M. Hospital, PUNE  
MD, PhD.

Director Academics  
K.E.M. Hospital, Pune-411011



**ANNEXURE - "H"**

**DECLARATION**

I, the Dean / Director/ Principal of the KING EDWARD MEMORIAL HOSPITAL, PUNE Training Centre / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective **Annexure-A & F** are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year **2022-2023**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- A & F** are staying in the same city / town / village where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre /Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure- A & F** are not practicing in Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

I am further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on.31 Day of July 2023 At KEM Hospital, Pune

Date: 31 July 2023

Place: Pune



Signature of Dean/Principal/Director  
Name of the Signatory  
(With Seal of the Training Centre)

Dr. (Eng.) K. J. ...  
MD, PhD.  
Director Academics  
K.E.M. Hospital, Pune-411011



# Maharashtra State Board of Secondary and Higher Secondary Education



This is to certify that the withinsigned

*Shri Yash*

KARNADE SHREEPAD VYANKATESH

DIVISIONAL BOARD	SEAT NO.	CENTER NO.	SCHOOL NO.	SRL NO. OF CERTIFICATE
AURANGABAD	K038978	0268	57.097	015024

passed the **SECONDARY SCHOOL CERTIFICATE EXAMINATION (10- Year Course)**  
of **MARCH-1989** in the Grade **DISTINCTION** with subjects shown below:

CORE SUBJECTS	MARKS OBTAINED / OUT OF	OTHER SUBJECTS	GRADES
MARATHI	87/100	[OPTIONAL SUBJECTS]	A
HINDI	81/100	INT. TO WORLD OF WORK	
ENGLISH	89/100		
MATHEMATICS	133/150	[SCHOOL SUBJECTS]	A
SCIENCE	140/150	PHYSICAL EDUCATION	
SOCIAL SCIENCES	85/100	SOCIAL SERVICE	A
GRAND TOTAL	576/700	WAGE ON GRAND TOTAL =>	85.14

DATE OF BIRTH

25-04-1974 (TWENTY FIFTH APRIL NINETEEN HUNDRED SEVENTY FOUR)  
Date : 30th June 1989.

Signature of the Head of the School  
(School Stamp)

*Shri Yash*  
HOD

*Shri Yash*  
Divisional Secretary

IMPORTANT: No change in this Certificate shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the Certificate in question and may also involve imposition of other appropriate penalty as may be decided by the Board.

NOTES:

- The date of birth shown in this Certificate is the same as that entered in the candidate's application for admission to the examinations.
- The Secondary School Certificate is awarded to successful candidates in Grade Distinction: 75% and above.  
Grade First: 60% and above & Below 75%. \* Means Grade I given as per regulations.  
Grade Second: 45% and above & Below 60%. Grade Pass: To all other successful candidates including the exempted.  
# Indicates that the candidate is given the benefit of combined passing in the subjects Mathematics & Science.
- Grades shown in Optional and School Subjects are denoted as under.

GRADE	A	B	C	E	H
MARKS OBTAINED	60% above	45% to 59%	35% to 44%	EXEMPTED	CONCESSION FOR THE PHYSICALLY HANDICAPPED

E - 0556

Shri Yashwari Nutan Vidyalay



# CHIKITSA: CENTER FOR EXCELLENCE IN ULTRASOUND

Unit No. 6 & 7, Mahinder Chamber, W. T. Paili Marg, Opp. Dukas Factory, Chembur, Mumbai - 400 074.

## Certificate of Attendance

This is to certify that

Dr. Shreepad V Karhade

has participated in 1 week advanced ultrasound program which includes

detailed Anomalies Scan, Obstetric Color Doppler & Gynaecological ultrasound

from 24.06.2013 to 30.06.2013 at Chikitsa : Center for Excellence in Ultrasound

Chembur, Mumbai.

Dr. Arinudh Badade  
M.D., D.M.R.D.  
(Director)

It should be noted that all practice of ultrasonography in India is governed by the PCPNDT Act. This ultrasound orientation offered by us is meant to disseminate knowledge, information and awareness and orientation in the art and science of ultrasound and does not constitute legal license or validity for the practice of ultrasonography in India. All doctors have to hold PCPNDT Act requirements as per Govt. of India law.



**MediScan**

Ultrasound | Fetal Care | Genetics

Diagnostic Ultrasound Research & Training Centre,  
Chennai, INDIA

# Certificate of Fellowship

*Awarded to*

*Dr. SHREEPAD V. KARHADE*

*on successful completion of*

*training in*

*Obstetric Ultrasound*

*for the period of six months*

*from January 2014 to June 2014*

*Prof. S. Suresh*  
Director

*R. Janakavalli*  
Dr. R. Janakavalli  
Dean

*Dr. Indrani Suresh*  
Dr. Indrani Suresh  
Director





# Maharashtra Medical Council, Mumbai

Registration No. : 82718

Dated: 04/04/1997

## ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No. : 0240/2013

Dated: 16/01/2013



*I hereby certify that the following qualification has been  
duly registered in the Medical Register of the Council.*

NAME

DR. KARHADE SHREEPAD  
VANKATESH

ADDITIONAL QUALIFICATION

D.N.B. (OBST. & GYNAC.) N.B.E. NEW DELHI,  
2003



*Dr. Karhade*  
REGISTRAR



T.C. No 721

ORIGINAL

549

Swami Ramanand Tirth Rural  
Medical College Ambajogai

## TRANSFERENCE CERTIFICATE

(Extract from Student's Record card)

1. Name in full Dr. Karhade Shreepad V.
  2. Casts & Sub-casts Brahmin
  3. Date of Birth 25-04-1974
  4. Place of Birth Beed
  5. Domicile Maharashtra
  6. Qualifications at the time of joining the college with dates XII science passed
  7. Date of joining the college 12-08-1991
  8. Date of leaving the college 28-03-1997
  9. Reason for leaving the college M.B.B.S passed
  10. Class in which studying at the time of leaving the college Internship Completed
- Conduct Good Progress fair
- Attendance            Outstanding dues
- Particulars of lectures & practical classes attended
- Subject            Theory
- Practical
- Any Special remarks by the Dean
- Date 07 / 04 / 1997

*[Signature]*  
 Swami Ramanand Tirth Rural  
 Medical College Ambajogai





# Maharashtra Medical Council, Mumbai

Registration No. : 82718

Dated: 04/04/1997

## ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No. : 0241/2013

Dated: 16/01/2013



*I hereby certify that the following qualification has been  
duly registered in the Medical Register of the Council.*

NAME	ADDITIONAL QUALIFICATION
DR. KARIHADE SHREEPAD VYANKATESH	D.G.O. C.P.S. BOMBAY, 2000



REGISTRAR



# MAHARASHTRA MEDICAL COUNCIL, MUMBAI

HOTEL REGAL PALACE BUILDING,  
OPP. ROXY CINEMA, MUMBAI-400 004.

## CERTIFICATE OF REGISTRATION

Registration No. 082718

This is to certify that the within -

Signed

*A. Shinde*

Doctor Shri / Shrimati

Kumari

KARHADE SHREEPAD VYANKATESH

possessing the qualifications of M.B.B.S. (DR. BABASAHEB AMBEDKAR  
MARATHWADA), 1997;

has been duly registered under the Maharashtra Medical  
Council Act, 1965 (Mah. XLVI of 1965), in Part I of  
the register.

In witness whereof are herewith affixed the seal of  
the Maharashtra Medical Council, Mumbai and the  
signature of the Registrar.

Dated the 4TH APRIL 1997.



*A. K. Kulkarni*  
Registrar.





# MAHARASHTRA MEDICAL COUNCIL, MUMBAI

Anand Complex, Sane Guruji Marg, Chinchpokali (W), Mumbai - 400011  
Website : maharashtramedicalcouncil.in Tel No. 022-23010668

**Sr. No. : MMC/XIII/035904**

**Date : 01/04/2013**



**Dr. : KARHADE SHREEPAD VYANKATESH**

**Reg. No. : 82718**

**Date : 04/04/1997**

**Qualification : M.B.B.S,D.G.O.,D.N.B. (OBST. & GYNAE.)**

**Address : D-404 BHANSALI CAMPUS NEAR SINHGAD  
INSTITUTE WADGAON BUDRUK SINHAGAD ROAD,  
,PUNE-411041,PUNE**

**Date of Birth : 25/04/1974**

  
**Registrar**

MMC



# MAHARASHTRA MEDICAL COUNCIL, MUMBAI

(Established by Government of Maharashtra Under MMC Act, 1965)

Address:- 189/A, ANAND COMPLEX, 1ST FLOOR,  
SANE GURUJI MARG, ARTHUR ROAD NAKA,  
CHINCHPOKALI (W), MUMBAI - 400 011.

Contact Details:  
Tel. No.: 022-2309 7650  
Website : www.maharashtramedicalcouncil.in  
Email Id: maharashtramedicalcouncil@gmail.com

**No : MMC/RENEW/82718/2022**

Date : 11/01/2022

**To,  
Dr. KARHADE SHREEPAD  
VYANKATESH**

D-404, BHANSALI CAMPUS,  
NEAR SINHGAD INSTITUTE,  
WADGAON BUDRUK SINHGAD  
ROAD, DIST-PUNE - 411041,

**MAHARASHTRA .**

**Sub : Renewal of  
Registration No : 82718  
Ref: Your Application  
date : 09/01/2022**

**Sir ,**

**I have to inform you that your name  
has been continued up to 28 Feb 2027  
on the medical register of this Council,  
maintained under the provision of  
Maharashtra Medical Council Act 1965.**

**It is stated that the Medical  
Graduates / Practitioners registered  
with this Council will be required to  
approach this Council two months in  
advance before expiry of the above  
period for next renewal of registration  
as per section 23(C) of the Maharashtra  
Medical Council (Amendment) Act  
2003.**

Signature Valid  
Digitally Signed by SANJAY  
BALASAHEB DESHMUKHI (REGISTRAR  
OF MAHARASHTRA MEDICAL  
COUNCIL)  
Date : 4/12/2022 3:22:17 PM

**Registrar**