

Annexure – I

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.

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Leena Patankar
02.	Date of Birth	:	27/03/1971
03.	Address	:	"Swanand" 986/A/1, Shukrawar Peth, Pune
04.	Tel. No./ Mob. No.	:	+91 9822062858
05.	e-mail id	:	drleenaapatankar@gmail.com
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	MD [Ob-Gyn] 1998 MSc Clinical Embryology UK
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	19 years 3 months
09.	Present Appointment	:	Senior consultant & co-ordinator
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	5 years
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.

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given the faculty table above.

Date :-

APatankar
Sign. of Teaching Staff

Countersigned & Stamp by Head of Institute

Date :-

APatankar
Sign. of Head of Institute



Annexure - II

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -

This is to Certify that Dr. Leena Patankar has worked in the Department of..... College / Institutes as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month	
Resident	Jan 1995	Dec 1997	02	00
DNB-DGO Guide	DNB - Feb 2006	June 2012	06	00
	DGO - Aug 2012	Aug - 2017	05	00

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
Endoscopic Surgeon (level III)	2000	till date	20	08
Lecturer for Reproductive medicine ICOG fellowship	June 2012	Dec 2017	05	11

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

A Patankar
Sign & Stamp Head of
the Department

Date:



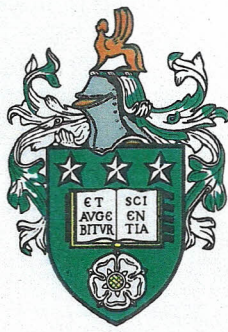
A Patankar
Sign & Stamp
Dean/Principal/Head of Institute

Date:



Recommended / Not Recommended

Signature with date of LIC Chairman/Member



The University of Leeds

DEGREE OF MASTER OF SCIENCE

It is hereby certified that

Leena Patankar

was admitted to the degree of Master of Science

with Distinction

on the 22nd of November 2006

having followed a programme of advanced study in

Clinical Embryology

VICE-CHANCELLOR

Andrew Parkinson

ACADEMIC REGISTRAR

2006/200160104



Shivaji University, Kolhapur

WE the Chancellor, Vice-Chancellor and Members of the Management Council, on the recommendation of the Academic Council, certify that

Patankar Leena Amit Shakuntala

has passed the



Doctor of Medicine

Obstetrics and Gynaecology

Examination

in the year October 1997.

The Said Degree has been conferred on her at Kolhapur, on the 14th day of the month of March in the year two thousand six.

In Testimony whereof are set the Seal of the University and the Signatures of the Registrar and the Vice-Chancellor

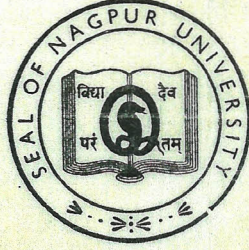
[Signature]
Registrar



[Signature]
Vice-Chancellor

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Nagpur University



आयुःशल्य विज्ञान स्नातक
(Bachelor of Medicine &
Bachelor of Surgery)
(Faculty of Medicine)

This is to certify that

Kumari Leena Vasudeo Vyas

*obtained the degree of आयुःशल्य विज्ञान स्नातक
(Bachelor of Medicine & Bachelor of Surgery)
in this University in the Examination
of November 1992.*

Nagpur :

1st June, 1994

[Signature]
Vice-Chancellor



Maharashtra Medical Council, Mumbai

Registration No. : 73311

Dated: 21/01/1994

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No. : 2068/2014

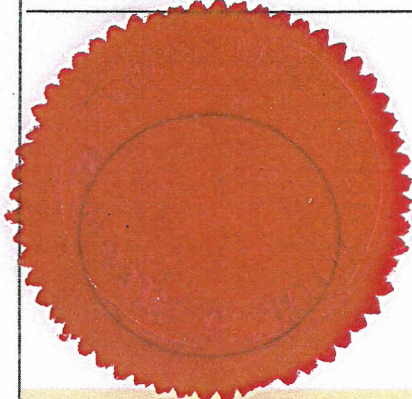
Dated: 23/08/2014

Patankar



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

NAME	ADDITIONAL QUALIFICATION
DR. (Mrs.) PATANKAR LEENA AMIT (Nee - Ms. VYAS LEENA VASUDEO)	M.D.(Obstetrics & Gynaecology) SHIVAJI UNIVERSITY, KOLHAPUR, 1997



Patankar

REGISTRAR



Maharashtra Medical Council, Mumbai

DUPLICATE Certificate of Registration

Registration No. 73311

This is to certify that the withinsigned

Patankar



Doctor (Mrs.) PATANKAR LEENA AMIT

(Nee - Ms. VYAS LEENA VASUDEO) possessing the qualification M.B.B.S. of NAGPUR

UNIVERSITY, 1994 has been duly registered in part I of the register under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965).

This certificate is valid upto 28/02/2017.

In witness whereof are herewith affixed the Seal of the Maharashtra Medical Council, Mumbai & the Signature of the Registrar.



Duplicate Certificate With Change of Name
Issued on 18/06/2014

Dated the 21/01/1994

Patankar
Registrar



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.: 022-2300 7650

Website : www.maharashtramedicalcouncil.in

Email Id: maharashtramcouncil@gmail.com

No : MMC/RENEW/73311/2022

Date : 06/01/2022

To,
Dr. PATANKAR LEENA AMIT
986/A/1 SHUKRAWAR PETH, OPP.
SARASBAUG, PUNE - 411002 ,
MAHARASHTRA .

Sub : Renewal of Registration No : 73311

Ref: Your Application date : 01/01/2022

Madam ,

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
DESHMUKH (REGISTRAR OF
MAHARASHTRA MEDICAL COUNCIL)
Date : 4/26/2022 1:03:48 PM

Registrar
Maharashtra Medical Council