Annexure - II

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

	plied for: -	A .			
is to Certify that D	r Pakag Bin	iwale	has work	ed in the Dep	
aguikatnus	pitou	College /	Institutes a	s per follow	
General Experi	ence: -				
esignation	From	To	Total	period	
	· · · · · · · · · · · · · · · · · · ·		Year / Month		
		, in			
d Experience in	the Subject of concern	ned Fellowship/Certific	ate Course	applied for :	
Designation From		То	Total period		
			Year / Month		
L too Oast		1			
bs & Gyn	Feb 2006	June 2014			
bs & Cryn	11001 0012	June 2014 Dec 2017	6	00	
bs kGyn 1 for Reproductiv ICOG fellowship	le Jan 2012	Dec 2017	6		
bs & Gyh 4 for Repsoductive ICOG fellowship datory to attach s	self-attested Photocopy	Dec 2017 of the Experience Certific	6		
Obs & Gyn Good Fellowship ICOG fellowship Idatory to attach soft concerned Fellow	self-attested Photocopy ovship/Certificate Course	Dec 2017 of the Experience Certific	6 cate of each M		
of concerned Fellov	self-attested Photocopy ovship/Certificate Course	Dec 2017 of the Experience Certifice)			
Dbs kGyn A for Repseduction TCOG fellowship adatory to attach so f concerned Fellow	self-attested Photocopy ovship/Certificate Course	Dec 2017 of the Experience Certific e) APatoul	ay -		
Dbs k Gyn A for Reproductive ICOG fellowship Idatory to attach so f concerned Fellow Afatantar Sign& Stamp He	self-attested Photocopy ovship/Certificate Course	Dec 2017 of the Experience Certific	ay -		
Dbs k Gyn A for Refroductive ICOG fellowship Idatory to attach so f concerned Fellow Afatourles ign& Stamp He	self-attested Photocopy ovship/Certificate Course	Dec 2017 of the Experience Certific e) APatoul	p	Mentor in the	
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Dbs k Gyn A for Reproductive TCOG fellowship Idatory to attach so froncerned Fellow Afatantar Sign& Stamp He	self-attested Photocopy ovship/Certificate Course	Dec 2017 of the Experience Certific e) Afatoul Sign & Stam	p	Mentor in the	
Dbs k Gyn A for Reproductive TCOG fellowship adatory to attach a f concerned Fellow A fatourles sign & Stamp He he Department	self-attested Photocopy ovship/Certificate Course	Dec 2017 of the Experience Certific e) Sign & Stam Dean/Princip	p	Mentor in the	

Recommended / Not Recommended

Signature with date of LIC Chairman/Member

ANNEXURE - "I"

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. Parag Arand Biniwale
02.	Date of Birth	:	25/04/1967
03.	Address	1	942/4-B Anopam Model Colony, Pune
04.	Tel. No./ Mob. No.	:	+91 9822023061
05.	e-mail id	:	palag. biniwale @gmail.com
06.	Nationality	:	INDIAN
07.	Qualification in details :	:	MD [Ob-Gyn]
	(attach documentary proof)		Clinical Course in surgical Pelviscop
08.	Teaching Experience / Health Sciences: Profession Experience	:	Medial professional
	(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)		Medial professional experience - 32 yrs
09.	Present Appointment	:	Mentos
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	
12.	Any other relevant information	:	*

Date: -

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 Ordinance No. 01/2022 (Amended).

Sign & Stamp

Head of the Department

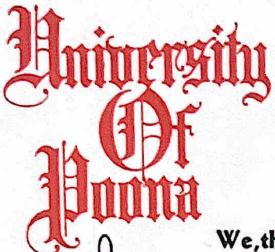
Date:

Sign & Stamp

Dean/Principal/Director of Training Centre

Date:

Training Centre Round Seal



We, the CHANCELLOR, the VICE-CHANCELLOR and the MEMBERS of the EXECUTIVE COUNCIL, on the recommendation of the SENATE of the UNIVERSITY of POONA certify that

for the Degree of

having been examined

Bachelor of Aledicine Aachelor of Surgery

in	October 1988	and having passed
in the exa	mination,	
the said d	egree has been on Jule	ntyfourth, March
One Thou	usand Nine Hundred Mine	ety
IN TESTI	MONY whereof are set the	Seal of the
University	and the Signature of the V	ice –
	r./the Chancellor.	

CHANCELLOR

VICE- CHANCELLOR.







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/RENW/62623/2022 Date: 08/01/2022

To, Dr. BINIWALE PARAG ANAND 942/,4-B ANUPAM MODEL COLONY, SHIVAJI NAGAR,DIST-PUNE - 411016, MAHARASHTRA.

Sub : Renewal of Registration No : 62623 Ref: Your Application date : 06/01/2022

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 DESHMUKH (REGISTRAR OF MAHARASHTRA MEDICAL COUNCIL) Date: 1/8/2022 8:12:30 PM

> Registrar Maharashtra Medical Council

Dr.Parag Biniwale

Education Qualification:

Sr	Qualification	University	Year
no.			
-1	MD(Ob&Gyn)	University Of	Oct-1992
		Poona	
2	MBBS	University Of	1989
		Poona	
3	Diploma In Clinical Course For	Germany	April 1995
	Surgical Pelviscopy		

Teaching Experience:-

Designation		From	To	Total experience
Lecturer (for DNB)	Dr. Patankar medical foundation	Feb 2006	June 2014	8 years 4 months
Guide (For Reproductive Medicine, ICOG		Jan 2012	Dec 2017.	5years 11months
Fellowship)				
			Grand total	14 years 3months



MAHARASHTRA MEDICAL COUNCIL BOMBAY

CERTIFICATE OF REGISTRATION

Regulation N. 62623

This is to certify that the withinsigned Doctor Shri Shrimati

Kumari

BINIWALE

PARAG

ANANI

possessing the qualifications of M.B.B.S. (POONA) 1989;

has been duly registered under the Maharashtra Medical Council Act. 1965 (Mah. XLVI of 1965), in Part 1 of the register.

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

D. G in 1974 PRINTER 1989.

Nach State of State o

Dr. Patankar Medical Foundation Dr. Patankar Nursing Home

'Swanand' 986/A/1, Shukrawar Peth, Opp Saras Baug, Pune – 411002 Ph. 24444308 Fax – 020-24464181

This is to certify that Dr. Parag Anand Biniwale was working as lecturer in the Department of Obstetrics And Gynaecology from February 2006 till June 2014.

The institute is an accredited institute for National Board of Examinations,

New Delhi and his post was a teaching post.

Date :- 03/08/2014

Place :- Pune

Madeuns

Dr. Mrs. Medha Patankar Head Of Department,

Obstetrics & Gynaecology.

Dr. Patankar Medical Foundation,

X

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Dr. Patankar Nursing Home

'Swanand' 986/A/1, Shukrawar Peth, Opp Saras Baug, Pune – 411002 Ph. 24444308 Fax – 020-24464181

This is to certify that Dr. Parag Anand Biniwale was working as lecturer for Reproductive Medicine in the Department of Obstetrics And Gynaecology from January 2012 till December 2017.

The institute is an accredited institute for INDIAN COLLEGE OF OBSTETRICIAN AND GYNAECOLOGIST of The Federation of Obstetric and Gynaecological Societies of India and his post was a teaching post.

Date := 10/01/2018 Place := Pune Dr. Mrs. Medha Patankar Head Of Department, Obstetrics & Gynaecology.

X

MAN

of the UNIVERSITY of POONIA certify on the recommendation of the SENATE of the EXECUTIVE COUNCIL the VICE-CHANCELLOR We the CHANCELLOR and the MEMBERS

having been examined for the Degree of

0%20

and having passed in the examination The said degree has been

1990

IN TESTIMONY whereof are set the Seal of the One Thousand Nind Hundred - Close Tulkswee. University and the Signatures of the Chancellor and the Vice- Chancellor.

किमीकि पराया आसंद

3506 公西山南江 या वय

आणि विधिस्मेचे सदस्य यांच्या अनुमतीने कुलभात, कुलगुरू, कार्यकारिणीचे सदस्य जराणि झाल्यावद्यल स्थाना पुणे विद्यापीठाचे ही परीमा जी जो मिटिकाठ कालेम, पुण मध्त



(अस्रोविकात्का व क्लोहोजाकावावत्र शापवा)

धुणे विद्यापीजाच्या कुलपारि व कुलगुरुची स्वाक्ष .येथे अंकित करण्यात येत आहे आणि बिबापीजानी अधिकृत मुद्रा जिंतकः भाक्ष (क्राफ या दिवशी धालेक्या पदनीदान समारभप्रस्ता प्रदत्त करण्यात येत आहे. ही पदमी, पुणे येथे दि. चंडनोव्हेंबर १९९३