

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

Title of the Course applied for: - Non Invasive Cardiology

This to Certify that Dr. Mahesh Fulwani has worked in the Department Of Cardiology in this Training Centre as per following details

### A) General Experience

| Designation                        | From | To        | Total period |        |
|------------------------------------|------|-----------|--------------|--------|
|                                    |      |           | Year         | Months |
| Senior Interventional Cardiologist | 1999 | Till Date | 22           | 00     |
|                                    |      |           |              |        |

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

| Designation                        | From | To        | Total period |        |
|------------------------------------|------|-----------|--------------|--------|
|                                    |      |           | Year         | Months |
| Senior Interventional Cardiologist | 1999 | Till Date | 22           | 00     |
|                                    |      |           |              |        |

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

Sign & Stamp  
Head of the Department  
Date 03/12/22

**DR. MAHESH C. FULWANI**  
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DHANTOLI, NAGPUR-12.  
REG. No.: 67796

Sign & Stamp  
Dean/Principal/Head of Institute  
Date 03/12/22  
**Dr. Deepak Sane**  
MD (Med) DNB (Cardio)  
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