

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

Title of the Course applied for: - Fellowship Course in Palliative Care

This to Certify that **Dr Jayarjan Ponissery** has worked in the **Department of Cipla Palliative Care and Training Centre** as per following details:

A) General Experience

Designation	From	To	Total period Year/Months	
Resident Medical Officer	1997	1999	2 years	3 months
Casualty Medical Officer	1999	2008	9 years	

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

Designation	From	To	Total period Year/Months	
Palliative Care Physician	2008	2023	15 years	
Medical Officer	2023	To Date	2 years	9 months

(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 16/12/2025**



**Sign & Stamp
Dean/Principal/Head of Institute
Date**

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

Title of the Course applied for: - Fellowship Course in Palliative Care

This to Certify that **Dr Vivek Nirabhawane** has worked in the **Department of Cipla Palliative Care and Training Centre** as per following details:

C) General Experience

Designation	From	To	Total period Year/Months
Medical Officer, TMH, Mumbai	2007	2008	1 year
Project Coordinator (ACSU-TMH)	2008	2009	1 year

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

Designation	From	To	Total period Year/Months
Consultant Palliative Care, CPC, Pune	2010	2013	3 years
Palliative Care Physician, CPC, Pune	2013	To Date	12 years 3 months

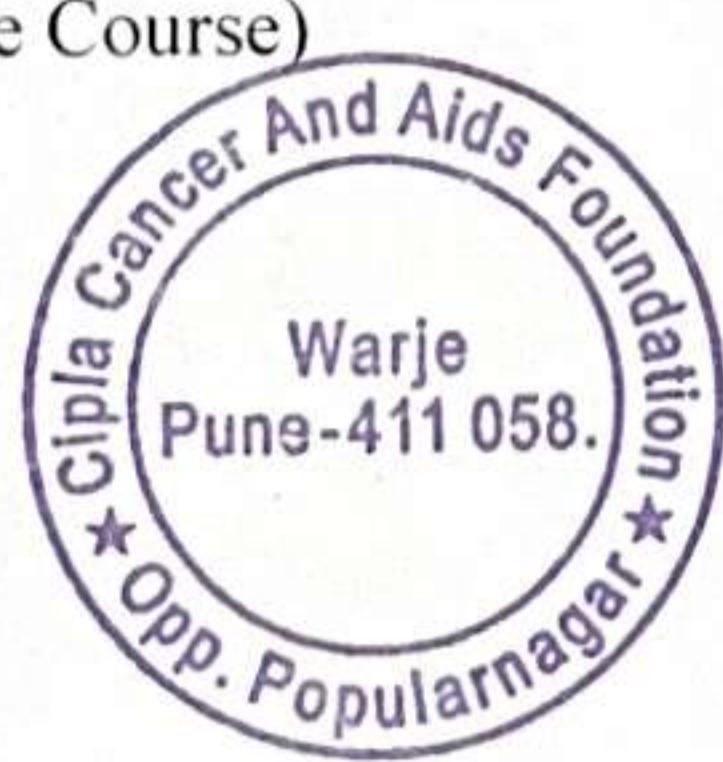
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

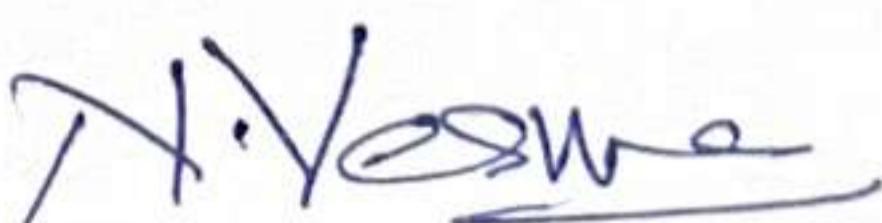
Sign & Stamp
Head of the Department

Date 16/12/2025

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16/12/2025





Sign & Stamp
Dean/Principal/Head of Institute
Date

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

Title of the Course applied for: - Fellowship Course in Palliative Care

This to Certify that **Dr Tulsi Pramod Kadam** has worked in the **Department of Cipla Palliative Care and Training Centre** as per following details:

E) General Experience

Designation	From	To	Total period Year/Months
Medical Officer	July 2016	June 2017	1 year
Medical Officer	July 2017	July 2018	1 year

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

Designation	From	To	Total period Year/Months	
Medical Officer, CPC, Pune	October 2018	October 2024	6 years	2 months
Palliative Care Physician, CPC, Pune	November 2023	To Date	2 years	9 months

(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 16.12.2025



N. Kadam
Sign & Stamp
Dean/Principal/Head of Institute
Date