

**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. RUJUTA MEHTA
02.	Date of Birth	: 13/10/1969
03.	Address	: 5, GARDEN VIEW SAROSINI RD, VILE PARLE, PUNE
04.	Tel. No./ Mob. No.	: 9821024711
05.	e-mail id	: rujutabos@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MS ORTHO, DNB ORTHO
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)	: LIST ATTACHED
09.	Present Appointment	: HEAD OF DEPT (FROM 1/8/13 TILL DATE)
10.	Publications (List & Proof)	: LIST ATTACHED
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 25 YEARS
12.	Any other relevant information	:

Date: - 20/05/22

Name &amp; 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 Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp  
Head of the Department  
Date: 20/05/22

Dr. Rujuta Mehta  
Pediatric Orthopaedic



Training Centre Round Seal

Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 20/05/2022

DR. SHAKUNTALA S. PRABHU  
MD, DCH, FRCPOH (LOND)  
REG No 57833  
PROFESSOR & MEDICAL DIRECTOR  
B. J. WADIA HOSPITAL FOR CHILDREN



Wadia Hospitals

Tel No : 24126003/9809/24185669

**BAI JERBAI WADIA HOSPITAL FOR CHILDREN**  
Acharya Donde Marg, Parel, Mumbai - 400 012.

Ref.No.Certi/2022-05/ 19

Dt:20/05/2022

**To Whomsoever It May Concern**

This is to certify that **Dr. Rujuta Mehta** is working at the Bai Jerbai Wadia Hospital for Children. Her work experience and position in Paediatric Orthopedics is as follows,

Clinical Research Officer : 1.04.1999 to 31.07.2004

Asst. Honorary : 1.09.2004 to 31.07.2005

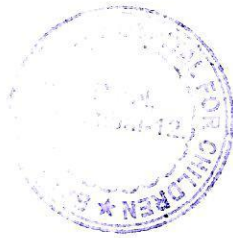
HOD & Consultant : 1.08.2005 to till date

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children




**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. ALARIC AROOJIS.
02.	Date of Birth	02/07/1970
03.	Address	8, 424 CHURCH VIEW 14 <sup>TH</sup> ROAD, TIPS III, BANAR.
04.	Tel. No./ Mob. No.	93202 84402
05.	e-mail id	aaarogjis@gmail.com.
06.	Nationality	INDIAN
07.	Qualification in details : (attach documentary proof)	MS ORTHO
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)	LIST ATTACHED
09.	Present Appointment	CLINICAL ASSOCIATE.
10.	Publications (List & Proof)	LIST ATTACHED
11.	Post Graduate Teaching experience (Attach documentary evidence)	22 YEARS
12.	Any other relevant information	


Date: - 20/05/2022

  
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Sign & Stamp  
Head of the Department  
Date: 20/05/22


Training Centre Round Seal

  
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Dean/ Principal/ Director of Training Centre  
Date: 20/05/2022

**Dr. Rujuta Mehta**  
Pediatric Orthopaedic

**DR. SHAKUNTALA S. PRABHU**  
MD, DCH, FRCRCH (LONDON)  
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Ref.No.Certi/2022-05/ 17

Dt:20 /05/2022

**To Whomsoever It May Concern**

This is to certify that **Dr. Alaric Aroojis** is working as Clinical Associate in Department of Paediatric Orthopaedic at the Bai Jerbai Wadia Hospital for Children from September 2005 to till date.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children



**Information of Mentor of Training Centre**  
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Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: DR. ARJUN DHAWALE
02.	Date of Birth	: 06/12/1976
03.	Address	: 1, MONARCH, P. BALA MARG, MUMBAI-25
04.	Tel. No./ Mob. No.	: 99 305 81780
05.	e-mail id	: arjundhawale@hotmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MS ORTHO, PNB ORTHO
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)	: LIST ATTACHED
09.	Present Appointment	: CLINICAL ASSOCIATE
10.	Publications (List & Proof)	: LIST. ATTACHED
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 17 YEARS.
12.	Any other relevant information	:

Date: - 20/05/22

*Arjun Dhawale*  
Name & Sign. of Mentor

For the use of affiliated Training Center:

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*Rujuta Mehta*  
Sign & Stamp  
Head of the Department  
Date: 20/05/22



**Dr. Rujuta Mehta**  
Pediatric Orthopaedic

Training Centre Round Seal

*Shakuntala S. Prabhu*  
Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 20/05/2022

**DR. SHAKUNTALA S. PRABHU**  
MD, DCH, FRCPCH (LONDON)  
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Dt: 20/05/2022

**To Whomsoever It May Concern**

This is to certify that **Dr. Arjun Dhawale** is working as Clinical Associate in Department of Pediatric Orthopedics at the Bai Jerbai Wadia Hospital for Children since 11<sup>th</sup> November 2013 to till date.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children



**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. SANDEEP VAIDYA
02.	Date of Birth	: 19/12/1976
03.	Address	: 11 A TWILIGHT CHS, POKHRAN RD, THANE
04.	Tel. No./ Mob. No.	: 9833285817
05.	e-mail id	: dr.sv.vaidya@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, D.ORTHO, MS ORTHO, DNB ORTHO
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)	: LIST ATTACHED
09.	Present Appointment	: CLINICAL ASSOCIATE
10.	Publications (List & Proof)	: LIST ATTACHED
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 10 YEARS
12.	Any other relevant information	:


Date: - 20/05/22



Name &amp; Sign. of Mentor

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Head of the Department  
Date: 20/05/2022

**Dr. Rujuta Mehta**  
Pediatric Orthopaedic

Training Centre Round Seal



Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 20/05/22

**DR. SHAKUNTALA S. PRABHU**  
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Ref.No.Certi/2022-05/ 20

Dt: 20/05/2022

**TO WHOM SOEVER IT MAY CONCERN**

This is to certify that **Dr. Sandip Vaidya** working as Clinical Associate in Pediatric Orthopedics at B. J. Wadia Hospital for Children from 02/02/2015 to till date.

Dr. Shakuntala Prabhu

Medical Director & Professor

Dept. of Paediatric & Paediatric Cardiology

Bai Jerbai Wadia Hospital for Children

