

ANNEXURE "A"

Professional Teaching Experience Certificate for  
Fellowship/Certificate Course Director/Mentor



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

Title of the Course applied for:-

This to Certify that Dr. Reetu Jain has worked in the Department of Medical Oncology Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months
Consultant Medical Oncology.	1999	till date	26 yrs

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

Designation	From	To	Total period Year/Months
Hon. consultant Medical Oncology.	2003	till date	22 yrs

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

*[Signature]*  
Sign & Stamp  
Head of the Department  
Date 19/11/25

*[Signature]*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date 19/11/25



**Dr. Milind Khadke**  
MD, PGDGM (XLRI), PGDMLE (National Law School)  
Director - Medical Services  
Jaslok Hospital & Research Centre  
15, Dr. G. Deshmukh Marg,  
Mumbai - 400 026.  
milind.khadke@jaslokhospital.net

*[Signature]*  
LIC Member  
19/11/25

*[Signature]*  
Chairman  
LIC  
19/11/2025

*[Signature]*  
19/11/25



JH/DMS/2025/71

29.08.2025

**EXPERIENCE CERTIFICATE**

This is to certify that **Dr. Reetu Jain** has been associated with Jaslok Hospital and Research Centre as a Consultant in the department of Medical Oncology since 2004.

The details of her professional experience are attached herewith for reference.



**DR. MILIND KHADKE**  
**DIRECTOR, MEDICAL SERVICES**

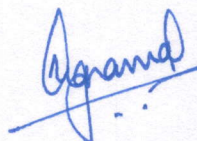
Encl.: Professional experience details

**Dr. Milind Khadke**  
MD, PGDCM (XLRI), PGDMLE (National Law School)  
Director-Medical Services  
Jaslok Hospital & Research Centre  
15, Dr. G. Deshmukh Marg,  
Mumbai - 400 026.  
[milind.khadke@jaslokhospital.net](mailto:milind.khadke@jaslokhospital.net)



**Professional Details of Dr. Reetu Jain**

Year / Period	Post	Hospital
July 1999 to Nov.2002	Resident-Medical Oncology department	Tata Memorial Hospital, Mumbai
Aug.2002 to Nov.2002	Research Fellow- Medical Oncology department	Tata Memorial Hospital, Mumbai
July 2003 to Feb.2004	Clinical Research Co-ordinator- Medical Oncology dept.	Jaslok Hospital and Research Centre
Feb.2004 to till date	Honorary Consultant – Medical Oncology	Jaslok Hospital and Research Centre







415

# Maharashtra Medical Council, Mumbai

Registration No. : 73824

Dated: 12/04/1994

## ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No. : 0631/2011

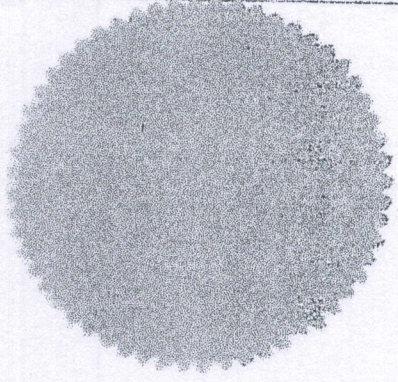
Dated: 08/03/2011



*Agrawal*

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

NAME	ADDITIONAL QUALIFICATION
DR. (Ms.) AGRAWAL REETU MOHAN	M. D. (GENL. MED.) BOMBAY UNIVERSITY, 1998



*Registrar*  
REGISTRAR



**News & Highlights**

- NOTICE REGARDING PRACTISE OF MODERN MEDICINE AS PER INDIAN MEDICAL COUNCIL CODE OF ETHICS 2002
- INFORMATION ABOUT THE NOTABLE WORK DONE BY THE COUNCIL DURING LOCKDOWN PERIOD
- INFORMATION ABOUT THE COUNCIL AND WORK DONE AND IMPORTANT DECISIONS TAKEN BY THE COUNCIL

Total Dr : 1

Dr. Name	agrawal reetu moh.	Search	Reset	Back
SE.No.	1	Name : AGRAWAL REETU MOHAN Qualification : M.B.B.S., M.D.(General Medicine), Registration No. : 73824 Registration Date : 12/24/1994 Valid Upto Date : 28/02/2027		

Page Size : 5 1 Out Of : First 1 Last

**Online Services**

- Registration
- CPD
- Webinar
- Complaint
- Online Payment

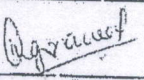
**Online CPD**

- Procedure for Online CPD
- Registration for Online CPD
- Online CPD



**MAHARASHTRA MEDICAL COUNCIL, BOMBAY**  
**CERTIFICATE OF REGISTRATION**

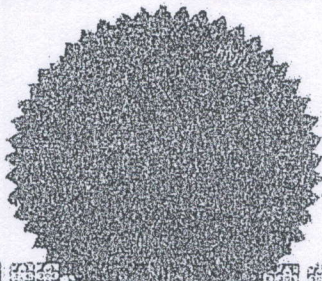
Registration N<sup>o</sup> 073824

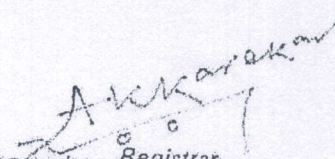
*This is to certify that the within-*  
*Signed*  *Doctor Shri / Shrimati /*  
*Kumari* AGRAWAL REETU MOHAN  
*possessing the qualifications of* M.B.B.S. (AMRAVATI), 1994

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

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

Dated the... 12TH APRIL, 1994.



  
Registrar  
Maharashtra Medical Council  
Mumbai - 400 004



University of Bombay

INHS  
P.S.V. 11/73

Seat No. 2



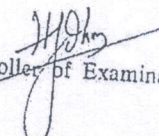
No. 202

I CERTIFY THAT

Agrawal Reetu Mohan

passed the Doctor of Medicine (M.D.) Degree  
Examination in Branch I—General Medicine  
held by the University of Bombay in the month  
of January 1998.

Bombay, 21 MAR 1998

  
for Controller of Examinations.







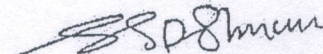
## UNIVERSITY OF MUMBAI

आम्ही मुंबई विद्यापीठाचे कुलपती, कुलगुरु आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की नेव्हल हॉस्पिटल आयएनएस अश्विनीच्या रीतू मोहन अग्रवाल ह्या जानेवारी १९९८ मध्ये घेण्यात आलेली वैद्यक अधिस्नातक (शाखा क्रमांक १ : सर्वसाधारण औषधवैद्यक) परीक्षा उत्तीर्ण झाल्या असून दिनांक २७ डिसेंबर १९९९ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना वैद्यक अधिस्नातक ही पदवी प्रदान करण्यात आली आहे.

विद्यापीठाची मुद्रा व कुलगुरुंची स्वाक्षरी यांसह साक्षीने अंकित.

We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Mumbai certify that Reetu Mohan Agrawal of Naval Hospital INS 'Asvini' having passed the Doctor of Medicine (Branch I : General Medicine) degree examination held in January 1998, the degree of Doctor of Medicine has been conferred on her at the Convocation held in Mumbai on 27th December, 1999.

In testimony whereof are set the Seal of the said University and the signature of the said Vice-Chancellor.

  
क.न.ग.क. VICE-CHANCELLOR



POSTH000

टाटा स्मारक अस्पताल  
TATA MEMORIAL HOSPITAL  
टाटा स्मारक केन्द्र  
TATA MEMORIAL CENTRE

दूरभाष : (022) - 2417 70 00  
Phone : (022) - 2417 70 00  
फैक्स : (022) - 414 69 37  
Fax : (022) - 414 69 37  
ई-मेल : adults@tmc.ernet.in



DA - 05047  
डा. अर्नेस्ट डोर्गेन मार्ग  
Dr. Ernest Dargou Marg,  
परेल, मुंबई - ४०० ०१२  
Parel, Mumbai - 400 012.

22<sup>nd</sup> May, 2003.

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. (Ms) Reetu Mohan Agrawal has worked at this hospital as under :

SR NO.	POST HELD	PERIOD		DEPARTMENT / PROJECT
		FROM	TO	
1.	Junior Registrar (Resident)	12.07.1999	07.01.2001	Medical Oncology
2.	Senior Registrar (Resident)	08.01.2001	31.07.2002	Medical Oncology
3.	Research Fellow	26.08.2002	30.11.2002	" A Multicentric Phase I Clinical & Pharmacological Study of DRF - 1024, A Novel Gemtrophediln Analog Given Orally in Adult Patients with Refractory Solid Tumours " Project

( K. SUBRAMANIAN )  
H.R.D. OFFICER

Dr. (Ms) Reetu .M. Agarwal,  
Mumbai.



ANNEXURE "B"

INSTITUTIONAL INFORMATION



(INSTITUTIONAL INFORMATION)

1. Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)

Name: Dr Milind Khadke Age: 53 yrs (Date of Birth) 16/06/1972

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>MD (Tuberculosis)</u>	<u>1998</u>	<u>Grant Medical College JS Hospital</u>	<u>Mumbai University</u>

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	<u>MGM Med College &amp; Hosp</u>	<u>15/3/1999</u>	<u>4/4/2004</u>	<u>5</u>
Asso. Professor/Reader	<u>MGM Med. College &amp; Hosp</u>	<u>5/4/2004</u>	<u>31/7/2008</u>	<u>4</u>
Professor	<u>MGM Med College &amp; Hosp</u>	<u>1/8/2008</u>	<u>14/03/2009</u>	<u>1</u>
Any Other	<u>Jaslok Hospital &amp; Research C.</u>	<u>5.5 yrs</u>		
Grand Total				<u>10 + 5.5 = 15.5 yrs</u>

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	<u>Jaslok Hospital &amp; Research Centre</u>	
	ii) Postal Address, with PIN:	<u>15, Dr. G. Deshmukh Marg, Mum - 26</u>	
	iii) Contact Details:	Mob: _____ Tele: <u>022 6675 3333</u>	
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: .....	
		ii) Society's Registration Act.1860:.....	
		iii) Year of establishment: <u>1956</u>	
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No - Marked as Appendix 'A'	
03	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms )	i) Name of the Hospital	
		ii) Nursing Home Registration No.	
		iii) Establishment Year	
04	i) Name of the Training Centre /Institute where course is to be conducted:	<u>Jaslok Hospital &amp; Research Centre</u>	
		ii) Postal Address, with PIN:	
		iii) Contact Details:	
		iv) E-mail ID:	
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s)	<u>Medical Oncology</u>
		Approved Intake Capacity... .. Affiliated Since... .. (if necessary Attach separate List)	<u>02</u> ... .. <u>2016</u>
vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) .....	Required Intake Capacity .....	
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. (Pending Fees, if any ;)	
	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No- Mark as Appendix 'C'	
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) 20 <u>24-25</u> Rs. <u>27765499</u>	
		<u>25-26</u> <u>21237524</u>	
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. <u>6784</u> . A . . . . Dated <u>18/12/2014</u>	
		Copy of Management Resolution attached?	
		*Yes/No- - Mark as Appendix 'D'	



09	<b>Other Information:</b>	
	a) Land:	*Yes/No. If yes, then Area: <u>2577.15 sq ft</u>
	i) Whether the land is owned by the Applicant Institute/Training Centre/Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/No— Mark as Appendix 'E'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: ..... Dated <u>1956</u> At (Place): ..... Copy of Land Registration Certificate attached? *Yes/No.— Mark as Appendix 'F'
	iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs. /mortgaged for Rs ..... Copy of Loan/Mortgage Deed attached? *Yes/No. — Mark as Appendix 'G'
	b) Building: i) Total built-up area:	<u>2577.15</u> sq. ft. Certified copy of Building Plan attached? *Yes/No  — Mark as Appendix 'H'

### 3. Central Library

- Total number of Books in library: 2861
- Books pertaining to concerned Fellowship subject: 95
- Purchase of latest editions of concerned books in last 3 years: - 3

#### Journals:

	Journals	Total	concerned Fellowship subject
1	Indian	<u>14</u>	<u>01</u>
2	Foreign	<u>981</u>	<u>96</u>

- Year / Month up to which latest Indian Journals available : October 2025

- Year / Month up to which latest Foreign Journals available : October 2025

- Internet / Med pub / Photocopy facility: available available / not

- Library opening times: 9am - 10pm

- Reading facility out of routine library hours: available available / not

(Obtain list of books & journals duly signed by Dean)

### 4. Recreational facilities:

- Play grounds Gymnasium

Available / Not available

Board games

AG



5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of						
Students			55	31		
Status of Cleanliness			Good	Good		

6. **Residential accommodation for Staff / Paramedical staff :** Available / Not Available ✓

7. **Ethical Committee (Constitution) :** YES / NO ✓

8. **Medical Education Unit (Constitution) :** YES / NO ✓  
(Specify number of meetings held annually & minutes thereof)

9. **Any other faculty specific information required :**  
(such as Herbal garden / Panchakarma Unit / Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)

*M. J. J. J.*  
19/11/2025  
Chairman LIC

*AG*

*[Signature]*  
19/11/25

**Dr. Milind Khadke**  
MBBS, PGDIP (MBA), PGDIP (National Law School)  
Director - Medical Services  
Jaslok Hospital & Research Centre  
Dr. G. Deshmukh Marg,  
Mumbai - 400 026.  
milind.khadke@jaslokhospital.net

*[Signature]*  
19/11/25  
LIC Member



ANNEXURE "C"  
HOSPITAL INFORMATION



## HOSPITAL INFORMATION

1. Name of the Hospital: Jaslok Hospital & Research Centre.

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	61864	OPD	4809
IPD (Total No. of Patients admitted)	14923	IPD (Total No. of Patients admitted)	2943

3. Hospital Beds Distribution & No of O.T.:

In the entire hospital	
No of Beds	361
No of Beds in ICU	} 71
No of Beds in IRCU	
No of Beds in SICU	
No of Major O.T.	9
No of Minor O.T.	2

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD - 2 PM	28	18
• Daily admissions	17	18
• Daily admissions in Dept.		
• Through casualty at 10am		12
• Bed occupancy in the Dept.	0	
• Number of patients in ward (IPD) at 10AM	28	25
• Percentage bed occupancy at 10Am	65%	68%

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty :

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

On Inspection day	Average of random 3 days
• Chemotherapy pt.	10
• Radiation Pt.	55
• .....	.....



5. Casualty:/ Emergency Department :

Space	Yes.
Number of Beds	6
No. of cases (Average daily OPD and Admissions):	250 OPD / 25 Adms.
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	Yes
Staff (Medical/Paramedical)	Yes
Equipment available	ECG, Defibril,

Ventilator, Syringe Pump  
Crash cart, ABC, Nebuliser

6. Blood Bank :

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No
(ii)	Blood component facility available	Yes / No
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No
(v)	Number of Blood Units available on inspection day	
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital ( give distribution in various specialties)	Average daily 20 On Inspection day

units.

7. Central Laboratory:

- Controlling Department: Dept. of Medical Services.
- No of Staff : 117
- Equipment Available : Attach separate List
- Working Hours: 24 Hrs

8. Central supply of Oxygen / Suction:

Available / Not available

9. Central Sterilization Department

Available / Not available

10. Ambulance (Functional)

Available / Not available

11. Laundry:

Manual/Mechanical/Outsourced:

12. Kitchen

Available / Outsourced/ Not Available

13. Incinerator: Functional / Non functional

Capacity...../Outsourced

14. Bio-Medical waste disposal

Outsourced / any other method

15. Generator facility

Available / Not available

16. Medical Record Section:

- ICD X classification

Computerized / Non computerized

Used / Not used

Sign & Stamp  
Head of the Department  
Date: 19/11/25



Sign & Stamp  
Dean/ Principal/ Director of Training Centre

Training Centre Round Seal MD, PGDGM (XLR), PGDMLE (National Law School)

Dr. Milind Khadke  
Director-Medical Services  
Jaslok Hospital & Research Centre  
15, Dr. G. Deshmukh Marg,  
Mumbai-400 026.  
milind.khadke@jaslokhospital.net

19/11/25  
LIC member

19/11/2024  
Member

19/11/2025  
Chairman LIC



ANNEXURE "D"

DEPARTMENTAL INFORMATION



**DEPARTMENTAL INFORMATION**

(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)

1. Fellowship Specialty Department to be inspected: Medical Oncology
2. Date on which independent department of: functioning concerned specialty was created and started ..... 1973 .....

3. Mentor's details (From start of department till date) :

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1.	<u>Dr Reetu Jain</u>	<u>Full Time</u>	<u>Consultant</u>	<u>MBBS MD.</u>	<u>22 yrs</u>

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :  
Yes/No: ..... Since when: .....

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	<u>628</u>	<input checked="" type="checkbox"/>	
Clinics	<u>600</u>	<input checked="" type="checkbox"/>	
Laboratory Space	<u>10920</u>	<input checked="" type="checkbox"/>	
Seminar room	<u>1918</u>	<input checked="" type="checkbox"/>	
Department Library	<u>770</u>	<u>centralised</u>	
PG common room	<u>250 + 250</u>	<input checked="" type="checkbox"/>	
Pre-clinical lab (where ever applicable)	<u>NA</u>	<u>—————</u>	
Patient waiting room	<u>431</u>	<input checked="" type="checkbox"/>	
Total area			

6. If course already started, year wise number of students admitted and available Mentors to teach students admitted to Fellowship / Certificate Course during the last 3 years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
	<u>Medical Oncology</u>	<u>01</u>	<u>Dr Ritu Jain</u>

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-teaching Staff in the department:

Sr. No.	Name	Designation
		<u>Clinical staff</u>

8. List of Equipment(s) in the department of concerned Fellowship subject: Equipment's: List of Important equipment's available and their functional status (List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
	<u>Bio safety Cabinet</u>	<u>1</u>	<u>functional</u>	<u>1</u>
	<u>Pulse Oximeter</u>			



9. Intensive care Service provided by the Department: (Emergency)

10. Specialty clinics being run by the department and number of patients in each :

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
	NA				

11. Services provided by the Department:

a) Services

- i. Bone Marrow Transplant -
- ii. Day care
- iii. Therapeutic Procedure

(b) Ancillary Services

(f) Others: -

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	8000 sqft	1000 sqft
2	Equipment's	list attached	
3	Teaching Space	500 sqft	
4	Waiting area for patients	3000 sqft	

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	150 sqft
Staff (Steno /Clerk).	Yes/No	Professors	150 sqft
Computer/ Typewriter	Yes/No	Associate Professors	
Storage space for files	Yes/No	Assistant Professor	
		Residents	

14. Clinical Load of Dept.: No of Surgeries / Procedures..... *OK* ..... Per day

15. Submission of data to National Authorities if any : *Oncology Data Yes*

*Dr. Sankar*  
19/11/25  
LIC Member

*[Signature]*  
17/10/25  
Mark

*[Signature]*  
19/11/2025  
LIC Chairman



ANNEXURE "E"

Information of Director of training Centre



**ANNEXURE - "E"**

**Information of Director 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 Director	:	Dr. Milind Khadke
02.	Date of Birth	:	16 June 1972
03.	Address	:	Oberoi Enigma B 2401, Mulund
04.	Tel. No./ Mob. No.	:	8080157257
05.	E-mail id	:	milind.khadke@jaslokhospital.net
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD
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)	:	1.0yrs + 5.5yrs (TOTAL = 15.5yrs)
09.	Present Appointment	:	Director Medical Services
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached
12.	Any other relevant information	:	

Date: -19/11/25

Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended).

Sign & Stamp  
Head of the Department  
Date: 19/11/25



Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 19/11/25

Training Centre Round Seal

**Dr. Milind Khadke**  
MD, PGDGM (XLRI), PGDMLE (National Law School)  
Director - Medical Services  
Jaslok Hospital & Research Centre  
15, Dr. G. Deshmukh Marg,  
Mumbai - 400 026.  
milind.khadke@jaslokhospital.net

19/11/25  
(LIC member)

NR Mack

UC chairman





Mahatma Gandhi Mission

## MEDICAL COLLEGE

Sector-18, Kamothe, Navi Mumbai - 410 209, India  
Ph: (022) 27421723, 27422459, 7423404, Fax: (022) 27420320  
E-mail: [mgmmcnb@indiatimes.com](mailto:mgmmcnb@indiatimes.com), Web: [www.mgmumbai.ac.in](http://www.mgmumbai.ac.in)

MGM/MED-C/2009/ 504

Date: 14.03.2009

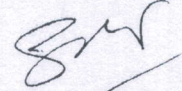
### RELIEVING ORDER

With reference to the resignation submitted by Dr. Khadke Milind M., Professor in Chest & TB, he is relieved from his duties w.e.f. 14.03.2009 after office hours.

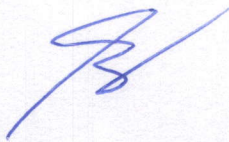
To,  
Dr. Khadke Milind M.

Cc to: Medical Director, MGM  
Medical Supdt., Kamothe  
Account section



  
Dean

Dean.  
M.G.M. Medical College & Hospital  
Kamothe, Navi Mumbai - 410 209





मुंबई विद्यापीठ



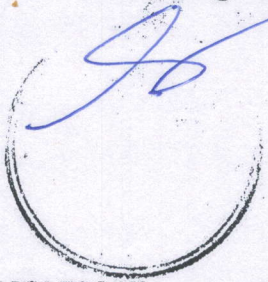
UNIVERSITY OF MUMBAI

आम्ही मुंबई विद्यापीठाचे कुलपती, कुलगुरू आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की शेट गोरधनदास सुंदरदास मेडिकल कॉलेजचे मिलिंद माधव खडके, हे नोव्हेंबर १९९३ मध्ये घेण्यात आलेली वैद्यक स्नातक आणि शल्यचिकित्सा स्नातक परीक्षा उत्तीर्ण झाले असून दिनांक ३ डिसेंबर १९९६ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना वैद्यक स्नातक आणि शल्यचिकित्सा स्नातक ह्या पदव्या प्रदान करण्यात आल्या आहेत.

विद्यापीठाची मुद्रा व कुलपतींची स्वाक्षरी यांसह साक्षीने अंकित.

*We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Mumbai certify that Milind Madhav Khadke of Seth Gordhandas Sunderdas Medical College having passed the Bachelor of Medicine and Bachelor of Surgery degrees examination held in November 1993, the degrees of Bachelor of Medicine and Bachelor of Surgery have been conferred on him at the Convocation held in Mumbai on 3rd December, 1996.*

*In testimony whereof are set the Seal of the said University and the signature of the said Chancellor.*



*Abanulla*



# MAHARASHTRA MEDICAL COUNCIL, BOMBAY

## CERTIFICATE OF REGISTRATION

Registration No 078061

This is to certify that the within-

Signed *Milind Khadke* Doctor Shri / ~~Shrimati~~ /

~~Kumari~~ KHADKE MILIND MADHAV

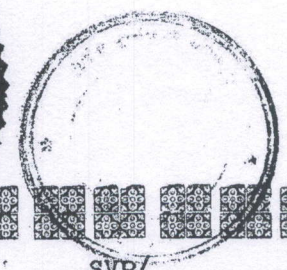
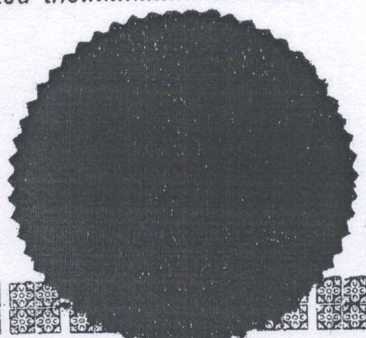
possessing the qualifications of M.B.B.S. (BOMBAY), 1995;

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

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

Dated the..... 22ND DECEMBER 1995.

*A. K. Karvekar*  
Registrar.



SVP

*[Handwritten signature]*

सिध्द: ११३०  
११३०



मुंबई विद्यापीठ



## UNIVERSITY OF MUMBAI

आम्ही मुंबई विद्यापीठाचे कुलपती, कुलगुरू आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की ग्रंट मेडिकल कॉलेजचे मिलिंद माधव खडके हे जुलै १९९८ मध्ये घेण्यात आलेली वैद्यक अधिस्नातक (शाखा क्रमांक ५ : क्षयरोग आणि उरस विकारशास्त्र) परीक्षा उत्तीर्ण झाले असून दिनांक २ डिसेंबर १९९८ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना वैद्यक अधिस्नातक ही पदवी प्रदान करण्यात आली आहे.

विद्यापीठाची मुद्रा व कुलपतीची स्वाक्षरी यांसह साक्षीने अंकित.

We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Mumbai certify that Milind Madhav Khadke of Grant Medical College having passed the Doctor of Medicine (Branch V : Tuberculosis and Chest Diseases) degree examination held in July 1998, the degree of Doctor of Medicine has been conferred on him at the Convocation held in Mumbai on 2nd December, 1998.

In testimony whereof are set the Seal of the said University and the signature of the said Chancellor.



MGM/MED-C/2009/366

Date : 14.03.2009

**TO WHOM SOEVER IT MAY CONCERN**

This is to certify that Dr. Khadke Milind M., has worked in the department of Chest & TB at MGM Medical College & Hospital, Kamothe, Navi Mumbai in the following capacities from 15.03.1999 to 14.03.2009 :

Sr. No.	Designation	From	To
1.	Lecturer	15.03.1999	04.04.2004
2.	Associate Professor	05.04.2004	31.07.2008
3.	Professor	01.08.2008	14.03.2009

He was holding the charge of Head of Department of Chest & TB from 01.08.2008.



*SM*  
Dean  
14.3.9  
Dean.

M.G.M. Medical College & Hospital  
Kamothe, Navi Mumbai - 410 209



Regd. No. 78061.

Date 22ND DECEMBER 1995.

# Maharashtra Medical Council

189-A, Anand Complex, 2nd Floor, Sane Gurusji Marg,  
Arthur Road Naka, Mumbai - 400 011.

## REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

Dated 18TH JANUARY 2007.

Certificate No. 26440

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

NAME :

ADDITIONAL QUALIFICATION

DR. KHADKE MILIND MADHAV

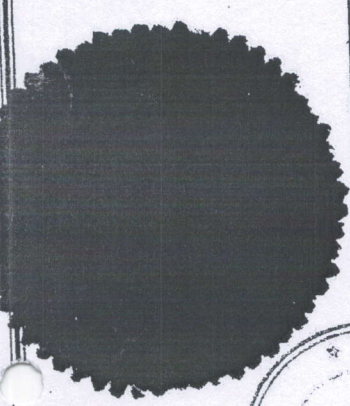
M.D. (TUBERCULOSIS) MUMBAI UNIVERSITY, 1998;



श्री  
महाराष्ट्र चिकित्सा परिषद (R.)  
189-A, आनंद कॉम्प्लेक्स, 2<sup>व्या</sup> मंजूर, साने गुरुजी मार्ग,  
अर्चुर रोड नाका, मुंबई - 400 011

*Sinhaskar*

REGISTRAR







## MAHARASHTRA MEDICAL COUNCIL, MUMBAI

(Established by Government of Maharashtra Under MMC Act, 1965)

Address:- 189/A, ANAND COMPLEX, 1ST FLOOR,  
SANE GURJUI MARG, ARTHUR ROAD NAKA,  
CHINCHPOKALI (W), MUMBAI - 400 011.

Contact Details:  
Tel. No.: 022-2300 7650  
Website : www.maharashtramedicalcouncil.in  
Email Id: maharashtramedicalcouncil@gmail.com

No : MMC/RENW/78061/2022

Date : 24/02/2022

To,  
DR. KHADKE MILLIND MADHAV  
B-1, 703, LOK EVEREST, J.S.D  
MARG, MULUND (W), MUMBAI -  
400080,  
MAHARASHTRA.

Sub : Renewal of Registration No : 78061  
Ref: Your Application date : 20/02/2022

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 : 7/28/2022 3:27:19 PM

Registrar  
Maharashtra Medical Council



JH/DMS/2025

19.11.2025

**EXPERIENCE CERTIFICATE**

This is to certify that **Dr. Milind Khadke** has been associated with Jaslok Hospital and Research Centre as a Director- Medical Services since 21.05.2020. This is for your information please.



**MR. SUNIL KARANJIKAR**  
**CHIEF HUMAN RESOURCES OFFICER**

  
**Dr. Milind Khadke**  
MD, PGDGM (XLRI), PGDMLE (National Law School)  
Director-Medical Services  
Jaslok Hospital & Research Centre  
15, Dr. G. Deshmukh Marg,  
Mumbai - 400 026.  
milind.khadke@jaslokhospital.net



Dr Milind Khadke- Experience after MGM Hospital

1. Apollo Hospital, Hyderabad - General Manager-Medical administration and Laboratory Administration (May 2010- Sep 2012)
2. **Apollo Hospital International Limited- Ahmedabad-Head of Overall Operations of 300 bedded Hospital (Sept 2012-Sept 2013)**
3. **Shalby Hospitals- Chief Operating Officer** (Oct 2013- March 2015)
4. **Kokilaben Dhirubhai Ambani hospital- General manager Clinical Administration—(Mar 2015- Jul 2018)**
5. Suasth Healthcare Pvt Ltd- Chief Operating Officer (Aug 2018 – Aug 2019 and Jan2020-Mar2020)
6. Jaslok Hospital and Research Centre - Director Medical Services (21 May 2020 till date)



**Dr. Milind Khadke**

MD, PGDGM (XLR), PGDIPLE (National Law School)  
Director, Medical Services  
Jaslok Hospital & Research Centre  
15, Dr. G. Deshmukh Marg,  
Mumbai - 400 026.  
milind.khadke@jaslokhospital.net



ANNEXURE "F"

Information of Mentor of Training Centre



**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. Reetu Jain.
02.	Date of Birth	: 26-04-1971
03.	Address	: Sewree - Mumbai - 15.
04.	Tel. No./ Mob. No.	: 9819095659.
05.	e-mail id	: reebun@yahoo.com.
06.	Nationality	: Indian.
07.	Qualification in details : (attach documentary proof)	: MBBS - MD
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)	: 22 yrs.
09.	Present Appointment	: Director of Consultant Medical
10.	Publications (List & Proof)	: CV attached. Oncology.
11.	Post Graduate Teaching experience (Attach documentary evidence)	: Attached.
12.	Any other relevant information	:

Date: - 19/11/25

Name &amp; Sign. of Mentor

For the use of affiliated Training Center:

HOD

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.

*[Signature]*  
Sign & Stamp  
Head of the Department  
Date: 19/11/25



*[Signature]*  
Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 19/11/25

Training Centre Round Seal

**Dr. Milind Khadke**  
MD, PGDGM (XLRI), PGDMLE (National Law School)  
Director - Medical Services  
Jaslok Hospital & Research Centre  
18, Dr. G. Deshmukh Marg,  
Mumbai - 400 026.  
milind.khadke@jaslokhospital.net

*[Signature]*  
19/11/25  
Chairman LIC

*[Signature]*  
19/11/25

*[Signature]*  
19/11/25  
LIC member



ANNEXURE "G"

Information of Co-ordinator of Training Centre



**ANNEXURE – “G”**

**Information of Co-ordinator 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 Co-ordinator	: Dr Vidhi. V-Gaonkar
02.	Date of Birth	: 02/08/1981
03.	Address	: 902, Begonia, Aadi Allwe, New pariva society, Nehru Nagar, Kanjur village road, Kanjur mang. Mumbai 42
04.	Mob. No.	: 9892004899
05.	E-mail id	: dr.vidhi.gaonkar@jaslokhospital.net
06.	Nationality	: Indian.
07.	Qualification in details : (attach documentary proof)	: BHMS, PGDHA, MBA.
08.	Present Appointment	: joined JASLOK on 13 <sup>th</sup> Jan 2020
09.	Any other relevant information	-

Date: 19/11/2025

*V. Gaonkar*  
Sign. of Co-ordinator

*[Signature]*  
Sign & Stamp  
Head of the Department  
Date: 19/11/25



Training Centre Round Seal

*[Signature]*  
Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 19/11/25

**Dr. Milind Khadke**  
MD, PGDGM (XLRI), PGDMLE (National Law School)  
Director - Medical Services  
Jaslok Hospital & Research Centre  
15, Dr. G. Deshmukh Marg,  
Mumbai - 400 026.  
milind.khadke@jaslokhospital.net

*[Signature]*  
19/11/25  
(LIC member)

*[Signature]*  
19/11/25

*[Signature]*  
19/11/2025  
Chairman LIC



# CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

*Similia Similibus Curentur*

Certificate No. 39460.

Date of Registration 25.05.2005.



**THIS IS TO CERTIFY THAT**

Dr. / ~~Shri~~ / Smt. / Kumari Gaonkar Vidhi  
Vishwanath.

*has been duly registered under the Mumbai Homoeopathic Practitioners' Act, 1959 (Mumbai XII of 1960).*

*In witness whereof are herewith affixed the seal of the Maharashtra Council of Homoeopathy, Mumbai and the signature of the Registrar.*

*Subject to the provision of the Act, this certificate is valid until it is duly cancelled and the name of the practitioner is removed from the register.*



श्री. धनंजय स. पिसाळ (दादा)  
विशेष कार्यकारी अधिकारी  
नगरसेवक - प्रभाग क्र. ११०  
गरभता-सप्तकादी कॉलेज पथ  
४७/६१ आकाश अपा. दातार कॉलनी,  
भांडूरा (पू) मुंबई-४२. फोन-९८२००३४२३४

*J. Khan*

Signature of the Registrar

*Raonkar*





# SYMBIOSIS CENTRE OF HEALTH CARE (SCHC)

Senapati Bapat Road, Pune-411 004, Maharashtra (INDIA)  
Tel.: +91-020-25667164, 25655023 Telefax: +091-020-25678680  
Email: distancelearning@schcpune.org Web : www.schcpune.org

**DR. VIDHI VISHWANATH GAONKAR**

**Roll No : 72006**

**Year: 2007-2008**

## Mark Sheet

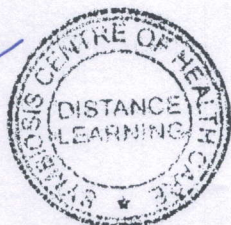
### POST GRADUATE DIPLOMA IN HOSPITAL & HEALTH CARE MANAGEMENT

Subject	Marks
PRINCIPLES OF MANAGEMENT	60
FINANCIAL MANAGEMENT	80
HOSPITAL PLANNING & PROJECT MANAGEMENT	69
PUBLIC HEALTH	74
INTEGRATED HEALTH CARE	64
ORGANIZATIONAL BEHAVIOUR & HRD	70
QUALITY MANAGEMENT IN HEALTH CARE	70
MARKETING HEALTH CARE	60
HOSPITAL SUPPORTIVE SERVICES	68
MATERIALS MANAGEMENT	66
LOG BOOK	74
PROJECT REPORT (GRADE)	A
<b>Total : 755 / 1100</b>	

श्री. धनंजय स. पिसाळ (दादा)  
विशेष कार्यकारी अधिकारी  
नगरसेवक - प्रभाग क्र. ११०  
महानगर राठवादी कॉलेज पक्ष  
१७/११ आकाश अपा. दातार कॉलनी,  
वांद्रे (प) मुंबई-४२. फोन-९८२००३२७



*V. Gaonkar*



*Rajiv Yeravdekar*  
**Dr. Rajiv Yeravdekar**  
Hon. Director, SCHC





INSPIRED BY LIFE



# Sikkim Manipal University

This is to Certify that

**Gaonkar Vidhi Vishwanath**

has been awarded the degree of  
**Master of Business Administration**  
in

**Health Care Services**

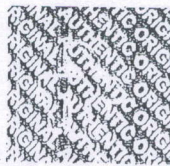
for having duly completed the prescribed  
requirements with A grade  
in the year 2012

Given under the seal of the University on the  
26th day of September 2012

## SMU

Sikkim Manipal University

Assistant Registrar  
Student Evaluation



Vice - Chancellor

UIASCodeTM: SMU.GTK.SK.MBAHCSC.0912000000155

Reg No: 621056577

Visit [www.uias.org](http://www.uias.org) for verification of this Certificate. UIAS code provided at the bottom left corner of the Certificate.



Gangtok, Sikkim, INDIA

*V. Gaonkar*

श्री. धनजय स. पिसाळ (दादा)

विशेष कार्यकारी अधिकारी

नगरसेवक - प्रमाण क्र. ११०

गटनेता-राष्ट्रवादी काँग्रेस पक्ष

४७/११ आकाश जवा. दातार कॉलनी,



2267339





INSPIRED BY LIFE

# Sikkim Manipal University

5th Mile, Tadong, Gangtok - 737 102, INDIA



## CONSOLIDATED STATEMENT OF MARKS

Master of Business Administration in Health Care Services (MBAHCS) Examinations held during Aug 2010 and Aug 2012



Name: GAONKAR VIDHI VISHWANATH

Registration Number : 621056577

18.09.2012

SEM	PAPER	UE MARKS		IA MARKS		TOTAL MARKS		SEM TOTAL		GRADE
		MAX	SCORED	MAX	SCORED	MAX	SCORED	MAX	SCORED	
I	MB0038	140	79	60	52	200	131	1200	808	B
	MB0039	140	122	60	50	200	172			
	MB0040	140	62	60	45	200	107			
	MB0041	140	70	60	48	200	118			
	MB0042	140	86	60	53	200	139			
II	MB0043	140	87	60	54	200	141	1200	802	B
	MB0044	140	91	60	52	200	143			
	MB0045	140	72	60	49	200	121			
	MB0046	140	87	60	55	200	142			
	MB0047	140	79	60	52	200	131			
III	MB0048	140	66	60	46	200	112	1200	877	A
	MB0049	140	100	60	53	200	153			
	MB0050	140	97	60	54	200	151			
	MB0051	140	82	60	53	200	135			
	MH0051	140	85	60	54	200	139			
IV	MH0052	140	99	60	55	200	154	1400	1066	A
	MH0053	140	107	60	52	200	159			
	MH0054	140	88	60	51	200	139			
	MB0052	140	101	60	53	200	154			
	MB0053	140	69	60	48	200	117			
	MH0056	140	92	60	53	200	145			
MH0057	140	97	60	55	200	152	200	160		
MH0058	140	122	60	53	200	175				
MH0059	140	109	60	54	200	163				
	MH0055	NA	NA	200	160	200	160			
Grand Total and Grade								5000	3553	A
Grand Total in Words : THREE THOUSAND FIVE HUNDRED FIFTY-THREE ONLY										

### GRADING

A	EXCELLENT	+ 70%
B	VERY GOOD	+ 60%
C	GOOD	+ 50%
D	SATISFACTORY	+ 40%
E	FAILURE	
NA	NOT APPLICABLE	
EX	EXEMPTED	

Note : Subject details are printed on the reverse

81203120838744

77565C136



*[Signature]*

Assistant Registrar (S.E)

*V. Gaonkar*



श्री. धनंजय स. पिसाळ (दादा)

विशेष कार्यकारी अधिकारी

नगरसेवक- प्रभाग क्र. ११०

महानेता-राष्ट्रवादी काँग्रेस पक्ष

४७/११ आकाश अपा. दातार कॉलनी,

भांडार (प) मंडई-४२. फोन-९८२००३४२३४





ANNEXURE "H"  
DECLARATION



DECLARATION

I, the Dean / Director/ Principal of the JASLOK HOSPITAL & RESEARCH CENTRE

Training Centre / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective Annexure-<sup>to</sup> A & H are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year 20<sup>to</sup>24-20<sup>to</sup>25, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-<sup>to</sup> A & H are staying in the same city / town / village where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre /Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure-<sup>to</sup> A & H are not practicing in Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

I am further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 19 Day of November 25 At 4.40 pm

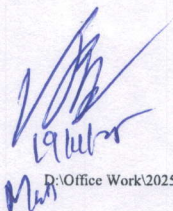
Date: 19/11/2025

Place: Mumbai

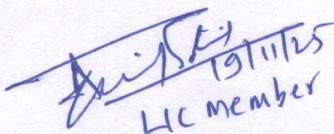


Signature of Dean/Principal/Director  
Name of the Signatory  
(With Seal of the Training Centre)

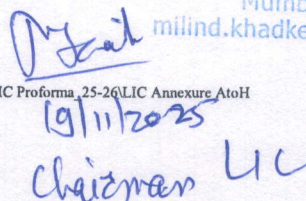
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