

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

Title of the Course applied for :- HEAD & NECK CANCER SURGERY

This to Certify that **Dr. Priyadarshan V Chitale** has worked in the Department of Surgical Oncology of Shri Siddhivinayak Ganapati Cancer Hospital Miraj Training Centre as per following details

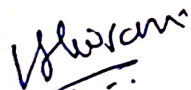
G) General Experience

Designation	From	To	Total period Year/Months	
Consultant Surgical Oncologist	December 2006	Till Date	19	6

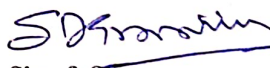
H) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
Consultant Surgical Oncologist	2016-17	2025-26	10	

(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 14-08-2025




Sign & Stamp
Dean/Principal/Head of Institute
 Date 14-08-2025



SSGCH /

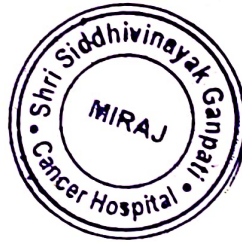
21 Aug 2025

To Whomsoever This May Concern

This is to Certify that **Dr. Priyadarshan Vivekanand Chitale, MS. FMAS** is a Consultant Surgical Oncologist and working in this institute from December 2006 till date.

He is also a Mentor to the students of MUHS Fellowship Course in "Head & Neck Cancer Surgery" in this institute since 2016-17.

Dr. S.D. Gosavi,
Executive Director



(The hospital seal and outward No. confirms the validity of this letter.)

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