

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director / MentorTitle of the Course applied for :- **MEDICAL ONCOLOGY**

This to Certify that **Dr. Ravindra Madhav Joshi** has worked in the Department of Medical Oncology of Shri Siddhivinayak Ganapati Cancer Hospital Miraj Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Consultant Medical Oncologist	December 2005	Till Date	20	5

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

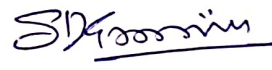
Designation	From	To	Total period Year/Months	
Consultant Medical Oncologist	2005-06	2025-26	20	

(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 /

Dr. D.K. GOSAVI MEMORIAL

SHRI SIDDHIVINAYAK GANAPATI
CANCER HOSPITAL

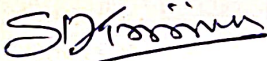


21 Aug 2025

To Whomsoever This May Concern

This is to Certify that **Dr. Ravindra Madhav Joshi, MD. DM.** is a Consultant Medical Oncologist and working in this institute from May 2000 till date.

He is also a Mentor to the students of MUHS Fellowship Course in "Medical Oncology" in this institute since 2024-25.


Dr. S.D. Gosavi,
Executive Director





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

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