

Shri Vithalrao Joshi Charities Trust's

B. K. L. WALAWALKAR RURAL MEDICAL COLLEGE



At Kasarwadi, Post Sawarda, Taluka Chiplun,
Dist. Ratnagiri - 415606. Maharashtra State, INDIA
Tel. : +91 02355 264636 / 264637
Fax : +91 02355 264693 Email : info@bklwrmc.com
Website : www.walawalkarmedicalcollege.com
www.bklwrmc.com

List of international students/faculties visited B.K.L. Walawalkar Rural Medical College in 2023-24

| Name of the student /faculty | University | Date | Topic |
|------------------------------|---|---------------|-----------------------------------|
| Dr Vasudeo Bhide | Wenatchee Valley Hospital & clinics Campus, WA, USA | 19/08/2023 | Neuroradiology cases |
| Dr Vasudeo Bhide | Wenatchee Valley Hospital & clinics Campus, WA, USA | 04/09/2023 | Neuroradiology cases |
| Dr Vasudeo Bhide | Wenatchee Valley Hospital & clinics Campus, WA, USA | 07/10/2023 | Neuroradiology cases |
| Dr. Kumud Bhide | Seattle, USA | 18/10/2023 | Chest and abdomen case discussion |
| Dr Vasudeo Bhide | Wenatchee Valley Hospital & clinics Campus, WA, USA | 17-19/11/2023 | Stroke Imaging |
| Dr Nandan Kanvinde | with Royal College of Surgeons Edinburg, UK | 09/12/2023 | Orthopedics and Anatomy |

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Website : www.walawalkarmedicalcollege.com

Out ward No: BKLWRMC/407/ 2023

Date: 18.08.2023

To,
Resident doctors,
B.K.L. Walawalkar Rural Medical College and Hospital,
Dervan, Ratnagiri.

Dear Residents,

Renowned radiologist from Wenatchee Valley Hospital & clinics Campus, WA, USA, **Dr. Vasudev Bhide**, shall be heading a **Neuroradiology cases on 19th Aug, 2023 (Saturday) at 8.45 AM (ISD)**. Lecture will be held in the Medicine Demonstration room.

All the residents from Dept. of Radio-diagnosis and Medicine are requested to attend the lecture.

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B.K.L. Walawalkar Rural Medical College
At. Kasarwadi, Post. Sawarde
Tal. Chiplun, Dist. Ratnagiri

Dr. Ninad Naphade
Prof. & HOD- Dept. of Radio-diagnosis
BKLWRMC
Dervan, Ratnagiri.

Head of Department
B.K.L. Walawalkar
Hospital, Sawarde

Dr. Suvarna Patil
Medical Director,
BKLWRMC,
Dervan, Ratnagiri.

Director
B.K.L. Walawalkar Rural Medical College,
Sawarde, Kasarwadi, Pin - 415606

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Outward No: BKLWRCM/ 408 /2023

Date: 18.08.2023

To,
Dr. Vasudev Bhide,
Wenatchee Valley Hospital & clinics Campus,
WA, USA.

**Subject:- Invitation to deliver guest lecture for our residents and faculty on
19.08.2023 at 8.45 AM.**

Respected Sir,

It gives us great pleasure to invite you for **Neuroradiology** cases on the **19th of Aug,
2023** at 8.45. AM (ISD).

Yours sincerely,

DEAN
B.K.L.Walawalkar Rural Medical College
At.Kasarwadi,Post.Sawarde
Tal.Chiplun,Dist.Ratnagiri

Dr. Ninad Naphade,
Prof.& HOD- Dept. of Radio-diagnosis
BKLWRCM

Head of Department
B.K.L.Walawalkar
Hospital, Sawarde

Dr. Suvarna N. Patil
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FEEDBACK FORM

Participant's Name: *Dr Ayushi Khaoos*

Conference/Workshop Title/Guest Lecture *Neuro Cases*

Date: *19/8/2023*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|----------|---|---|---|
| This Lecture was well organized. | <i>1</i> | 2 | 3 | 4 |
| The presenters were knowledgeable. | <i>1</i> | 2 | 3 | 4 |
| The material was presented in an interesting manner. | <i>1</i> | 2 | 3 | 4 |
| The material presented was relevant and helpful. | <i>1</i> | 2 | 3 | 4 |
| The facilities were appropriate. | <i>1</i> | 2 | 3 | 4 |
| The purpose of the conference/workshop/course was met. | <i>1</i> | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | <i>1</i> | 2 | 3 | 4 |

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FEEDBACK FORM

Participant's Name: *Dr. Rajkumar. D. Koparde*

Conference/Workshop Title/Guest Lecture ✓

Date: *19/08/2023*

Please respond to the following questions by using the rating scale below:

1 ✓
Excellent

2
Good

3
Fair

4
Unsatisfactory

| | | | | |
|--|------------|---|---|---|
| This Lecture was well organized. | 1 ✓ | 2 | 3 | 4 |
| The presenters were knowledgeable. | 1 ✓ | 2 | 3 | 4 |
| The material was presented in an interesting manner. | 1 ✓ | 2 | 3 | 4 |
| The material presented was relevant and helpful. | 1 ✓ | 2 | 3 | 4 |
| The facilities were appropriate. | 1 ✓ | 2 | 3 | 4 |
| The purpose of the conference/workshop/course was met. | 1 ✓ | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | 1 ✓ | 2 | 3 | 4 |

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FEEDBACK FORM

Participant's Name: *Dr. Deepali V. Trimukhe*

Conference/Workshop Title/Guest Lecture - *Neuroradiology cases*

Date: *19/8/2023*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|----------|---|---|---|
| This Lecture was well organized. | <i>1</i> | 2 | 3 | 4 |
| The presenters were knowledgeable. | <i>1</i> | 2 | 3 | 4 |
| The material was presented in an interesting manner. | <i>1</i> | 2 | 3 | 4 |
| The material presented was relevant and helpful. | <i>1</i> | 2 | 3 | 4 |
| The facilities were appropriate. | <i>1</i> | 2 | 3 | 4 |
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| My expectations of the conference /workshop/course were met. | <i>1</i> | 2 | 3 | 4 |

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FEEDBACK FORM

Participant's Name: *Gaurav A. Gardde -*

Conference/Workshop Title/Guest Lecture

Date: *19/8/2023*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|---------------------------------------|---|---|---|
| This Lecture was well organized. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |
| The presenters were knowledgeable. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |
| The material was presented in an interesting manner. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |
| The material presented was relevant and helpful. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |
| The facilities were appropriate. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |
| The purpose of the conference/workshop/course was met. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |

Gaurav A. Gardde
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Gaurav A. Gardde
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FEEDBACK FORM

Participant's Name: *Dr. Tejas Ashok Ghule*

Conference/Workshop Title/Guest Lecture *Dr. Bhide sir*

Date: *19/8/2023*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|----------|---|---|---|
| This Lecture was well organized. | <i>1</i> | 2 | 3 | 4 |
| The presenters were knowledgeable. | <i>1</i> | 2 | 3 | 4 |
| The material was presented in an interesting manner. | <i>1</i> | 2 | 3 | 4 |
| The material presented was relevant and helpful. | <i>1</i> | 2 | 3 | 4 |
| The facilities were appropriate. | <i>1</i> | 2 | 3 | 4 |
| The purpose of the conference/workshop/course was met. | <i>1</i> | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | 1 | 2 | 3 | 4 |

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FEEDBACK FORM

Participant's Name: *A. Skutch G.*

Conference/Workshop Title/Guest Lecture

Date: *19/8/2023*

Please respond to the following questions by using the rating scale below:

1 ✓ **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|------------|---|---|---|
| This Lecture was well organized. | <i>1</i> ✓ | 2 | 3 | 4 |
| The presenters were knowledgeable. | <i>1</i> ✓ | 2 | 3 | 4 |
| The material was presented in an interesting manner. | <i>1</i> ✓ | 2 | 3 | 4 |
| The material presented was relevant and helpful. | <i>1</i> ✓ | 2 | 3 | 4 |
| The facilities were appropriate. | <i>1</i> ✓ | 2 | 3 | 4 |
| The purpose of the conference/workshop/course was met. | <i>1</i> ✓ | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | <i>1</i> ✓ | 2 | 3 | 4 |

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FEEDBACK FORM

Participant's Name: *Dr. Bathina Mallik*

Conference/Workshop Title/Guest Lecture *Neuro Cases*

Date: *19/8/2023*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | 1 | 2 | 3 | 4 |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| This Lecture was well organized. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The presenters were knowledgeable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The material was presented in an interesting manner. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The material presented was relevant and helpful. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The facilities were appropriate. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The purpose of the conference/workshop/course was met. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My expectations of the conference /workshop/course were met. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Outward No: BKLWPMC/ / 2023

Date: 20.08.2023

To,
Dr. Vasudev Bhide,
Consultant Radiologist,
USA.


Dear Sir/Madam,

I am writing this letter to you on behalf of all the residents and faculty of department of Radio-diagnosis. Your lucid presentation on "**Neuroradiology cases**" on 19th Aug, 2023 was a treat to all of us. All of us appreciate your depth of knowledge, manner of teaching and time spent in sharing your expertise with us.

I sincerely thank you for your time and efforts. We hope to get benefitted by such presentations in the future as well.

Wishing you all the best,

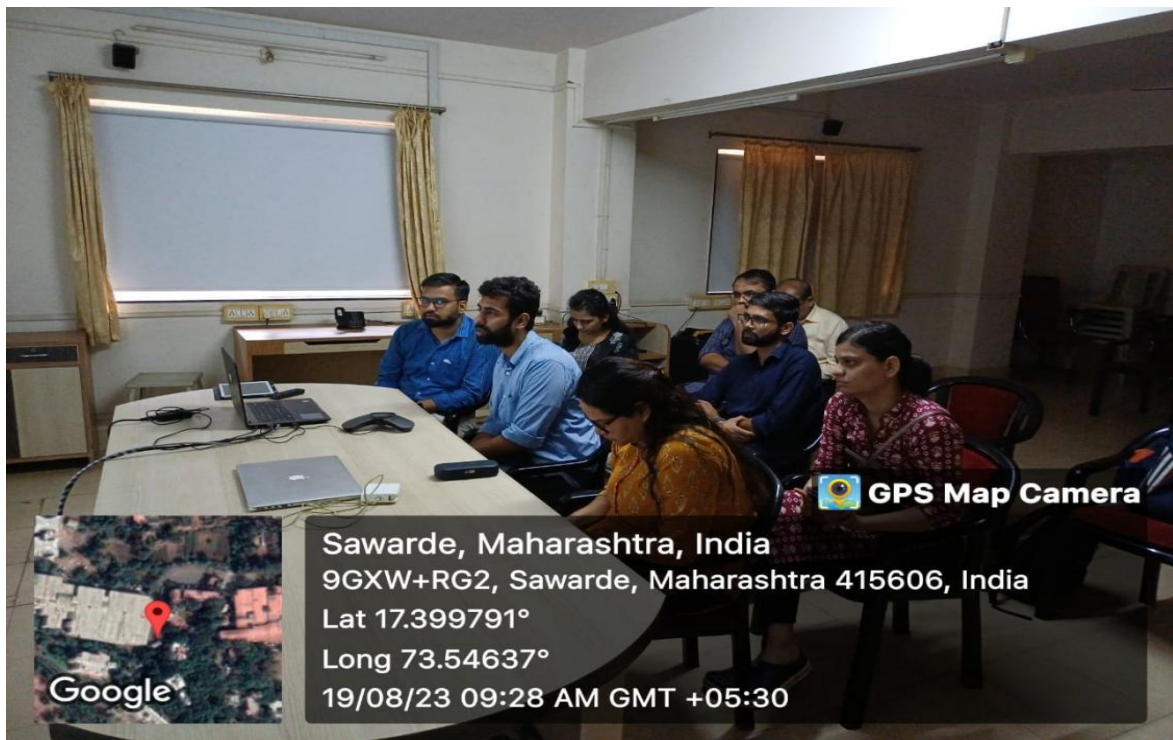
Yours sincerely,


Dr. Ninad Naphade,
Prof. & HOD- Dept. of Radio-diagnosis
BKLWPMC , Dervan

Head of Department
B.K.L. Walawalkar
Hospital, Sawarde


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Outward No: BKLWRMC/ 451/2023

Date: 03.09.2023

To,
Dr. Vasudev Bhide,
Wenatchee Valley Hospital & clinics Campus,
WA, USA.

**Subject:- Invitation to deliver guest lecture for our residents and faculty on
04.09.2023 at 8.45 AM.**

Respected Sir,

It gives us great pleasure to invite you for **Neuroradiology** cases on the **04th** of
Sept, 2023 at 8.45. AM (ISD).

Yours sincerely,

Dr. Ninad Naphade,
Prof.& HOD- Dept. of Radio-diagnosis
BKLWRMC

Head of Department
B.K.L.Walawalkar
Hospital, Sawarde

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Director
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FEEDBACK FORM

Participant's Name: *Dr Bishaw Singh*

Conference/Workshop Title/Guest Lecture

Date: *4/09/23.*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|------------|---|---|---|
| This Lecture was well organized. | <i>✓ 1</i> | 2 | 3 | 4 |
| The presenters were knowledgeable. | <i>✓ 1</i> | 2 | 3 | 4 |
| The material was presented in an interesting manner. | <i>✓ 1</i> | 2 | 3 | 4 |
| The material presented was relevant and helpful. | <i>✓ 1</i> | 2 | 3 | 4 |
| The facilities were appropriate. | <i>✓ 1</i> | 2 | 3 | 4 |
| The purpose of the conference/workshop/course was met. | <i>✓ 1</i> | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | <i>✓ 1</i> | 2 | 3 | 4 |

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FEEDBACK FORM

Participant's Name: Gaurav A. Gardde

Conference/Workshop Title/Guest Lecture

Date: 4/9/2023

Please respond to the following questions by using the rating scale below:

1 2 3 4
Excellent Good Fair Unsatisfactory

| | | | | |
|--|----------|---|---|---|
| This Lecture was well organized. | <u>1</u> | 2 | 3 | 4 |
| The presenters were knowledgeable. | <u>1</u> | 2 | 3 | 4 |
| The material was presented in an interesting manner. | <u>1</u> | 2 | 3 | 4 |
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| My expectations of the conference /workshop/course were met. | <u>1</u> | 2 | 3 | 4 |

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FEEDBACK FORM

Participant's Name: Tejasa Ghule

Conference/Workshop Title/Guest Lecture

Date: 4/9/2023

Please respond to the following questions by using the rating scale below:

1 2 3 4
Excellent Good Fair Unsatisfactory

| | | | | |
|--|----------|---|---|---|
| This Lecture was well organized. | <u>1</u> | 2 | 3 | 4 |
| The presenters were knowledgeable. | <u>1</u> | 2 | 3 | 4 |
| The material was presented in an interesting manner. | <u>1</u> | 2 | 3 | 4 |
| The material presented was relevant and helpful. | <u>1</u> | 2 | 3 | 4 |
| The facilities were appropriate. | <u>1</u> | 2 | 3 | 4 |
| The purpose of the conference/workshop/course was met. | <u>1</u> | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | <u>1</u> | 2 | 3 | 4 |

Tejasa
Signature

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FEEDBACK FORM

Participant's Name: *Gayatri Rohit*

Conference/Workshop Title/Guest Lecture

Date: *4/09/23*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|---|----------|---|---|
| This Lecture was well organized. | 1 | <i>2</i> | 3 | 4 |
| The presenters were knowledgeable. | 1 | <i>2</i> | 3 | 4 |
| The material was presented in an interesting manner. | 1 | <i>2</i> | 3 | 4 |
| The material presented was relevant and helpful. | 1 | <i>2</i> | 3 | 4 |
| The facilities were appropriate. | 1 | <i>2</i> | 3 | 4 |
| The purpose of the conference/workshop/course was met. | 1 | <i>2</i> | 3 | 4 |
| My expectations of the conference /workshop/course were met. | 1 | <i>2</i> | 3 | 4 |

Signature

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FEEDBACK FORM

Participant's Name: *Dr. Deepali V. Trimbake*

Conference/Workshop Title/Guest Lecture *Neuro radiology*

Date: *04/09/23*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|----------|---|---|---|
| This Lecture was well organized. | <i>1</i> | 2 | 3 | 4 |
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| My expectations of the conference /workshop/course were met. | <i>1</i> | 2 | 3 | 4 |

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Signature

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Outward No: BKLWPMC/457/ 2023

Date: 05.09.2023

To,
Dr. Vasudev Bhide,
Consultant Radiologist,
USA.

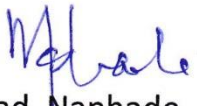
Dear Sir/Madam,

I am writing this letter to you on behalf of all the residents and faculty of department of Radio-diagnosis. Your lucid presentation on "**Neuroradiology cases**" on 04th Sept, 2023 was a treat to all of us. All of us appreciate your depth of knowledge, manner of teaching and time spent in sharing your expertise with us.

I sincerely thank you for your time and efforts. We hope to get benefitted by such presentations in the future as well.

Wishing you all the best,

Yours sincerely,


Dr. Ninad Naphade,
Prof. & HOD- Dept. of Radio-diagnosis
BKLWPMC , Dervan

Head of Department
B.K.L. Walawalkar
Hospital, Sawarde


DEAN

B.K.L. Walawalkar Rural Medical College
At. Kasarwadi, Post. Sawarde
Tal. Chiplun, Dist. Ratnagiri

Shri Vithalrao Joshi Charities Trust's

B. K. L. WALAWALKAR RURAL MEDICAL COLLEGE



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Fax : +91 02355 264693 Email : info@bklwrmc.com
Website : www.walawalkarmedicalcollege.com

Out ward No: BKLWRMC/479/ 2023

Date: 06.10.2023

To,
Resident doctors,
B.K.L. Walawalkar Rural Medical College and Hospital,
Dervan, Ratnagiri.

Dear Residents,

Renowned radiologist from Wenatchee Valley Hospital & clinics Campus, WA, USA, **Dr. Vasudev Bhide**, shall be heading a **Neuroradiology cases on 07th Oct , 2023(Saturday) at 8.45 AM (ISD)**. Lecture will be held in the IT Department room.

All the residents from Dept. of Radio-diagnosis and Medicine are requested to attend the lecture.

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At.Kasarwadi,Post.Sawarde
Tal.Chiplun,Dist.Ratnagiri

Dr. Ninad Naphade
Prof. & HOD- Dept. of Radio-diagnosis
BKLWRMC
Dervan, Ratnagiri.

Dr. Suvarna Patil
Medical Director,
BKLWRMC,
Dervan,Ratnagiri.

Director
B.K.L.Walawalkar Rural Medical College,
Sawarde, Kasarwadi, Pin - 415606

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Outward No: BKLWPMC/ 480/2023

Date: 06.10.2023

To,
Dr. Vasudev Bhide,
Wenatchee Valley Hospital & clinics Campus,
WA, USA.

**Subject:- Invitation to deliver guest lecture for our residents and faculty on
07.10.2023 at 8.45 AM.**

Respected Sir,

It gives us great pleasure to invite you for **Neuroradiology cases** on the **07th of Oct,
2023** at 8.45. AM (ISD).

Yours sincerely,

DEAN

B.K.L.Walawalkar Rural Medical College
At.Kasarwadi, Post.Sawarde
Tal.Chiplun, Dist.Ratnagiri

Dr. Ninad Naphade,
Prof.& HOD- Dept. of Radio-diagnosis
BKLWPMC

Head of Department
B.K.L. Walawalkar
Hospital, Sawarde

Dr. Suvarna N. Patil
Medical Director
BKLWPMC

Director
B.K.L.Walawalkar Rural Medical College,
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FEEDBACK FORM

Participant's Name: *Dr. Rajkumar Koperode*

Conference/Workshop Title/Guest Lecture

Date: *7/10/23*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|----------|---|---|---|
| This Lecture was well organized. | <i>1</i> | 2 | 3 | 4 |
| The presenters were knowledgeable. | <i>1</i> | 2 | 3 | 4 |
| The material was presented in an interesting manner. | <i>1</i> | 2 | 3 | 4 |
| The material presented was relevant and helpful. | <i>1</i> | 2 | 3 | 4 |
| The facilities were appropriate. | <i>1</i> | 2 | 3 | 4 |
| The purpose of the conference/workshop/course was met. | <i>1</i> | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | <i>1</i> | 2 | 3 | 4 |


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FEEDBACK FORM

Participant's Name: *Dr. Tejas Ashok Ghule*

Conference/Workshop Title/Guest Lecture

Date: *7/10/23*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|---------------------------------------|---|---|---|
| This Lecture was well organized. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |
| The presenters were knowledgeable. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |
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FEEDBACK FORM

Participant's Name: Dr. Ayushi Khawar

Conference/Workshop Title/Guest Lecture

Date: 7/10/2023

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|---|---|---|---|
| This Lecture was well organized. | ① | 2 | 3 | 4 |
| The presenters were knowledgeable. | ① | 2 | 3 | 4 |
| The material was presented in an interesting manner. | ① | 2 | 3 | 4 |
| The material presented was relevant and helpful. | ① | 2 | 3 | 4 |
| The facilities were appropriate. | ① | 2 | 3 | 4 |
| The purpose of the conference/workshop/course was met. | ① | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | ① | 2 | 3 | 4 |


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FEEDBACK FORM

Participant's Name: *Dr. Mallikarjun. Bathina*

Conference/Workshop Title/Guest Lecture

Date: *7/10/23*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
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FEEDBACK FORM

Participant's Name: *Gaurav A. Garde*

Conference/Workshop Title/Guest Lecture

Date: *7/10/2023*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|----------|---|---|---|
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| The presenters were knowledgeable. | <i>1</i> | 2 | 3 | 4 |
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| My expectations of the conference /workshop/course were met. | <i>1</i> | 2 | 3 | 4 |

Garde
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Outward No: BKLWPMC/482 / 2023

Date: 08.10.2023

To,
Dr. Vasudev Bhide,
Consultant Radiologist,
USA.


Dear Sir/Madam,

I am writing this letter to you on behalf of all the residents and faculty of department of Radio-diagnosis. Your lucid presentation on "**Neuroradiology cases**" on **07th Oct, 2023** was a treat to all of us. All of us appreciate your depth of knowledge, manner of teaching and time spent in sharing your expertise with us.

I sincerely thank you for your time and efforts. We hope to get benefitted by such presentations in the future as well.

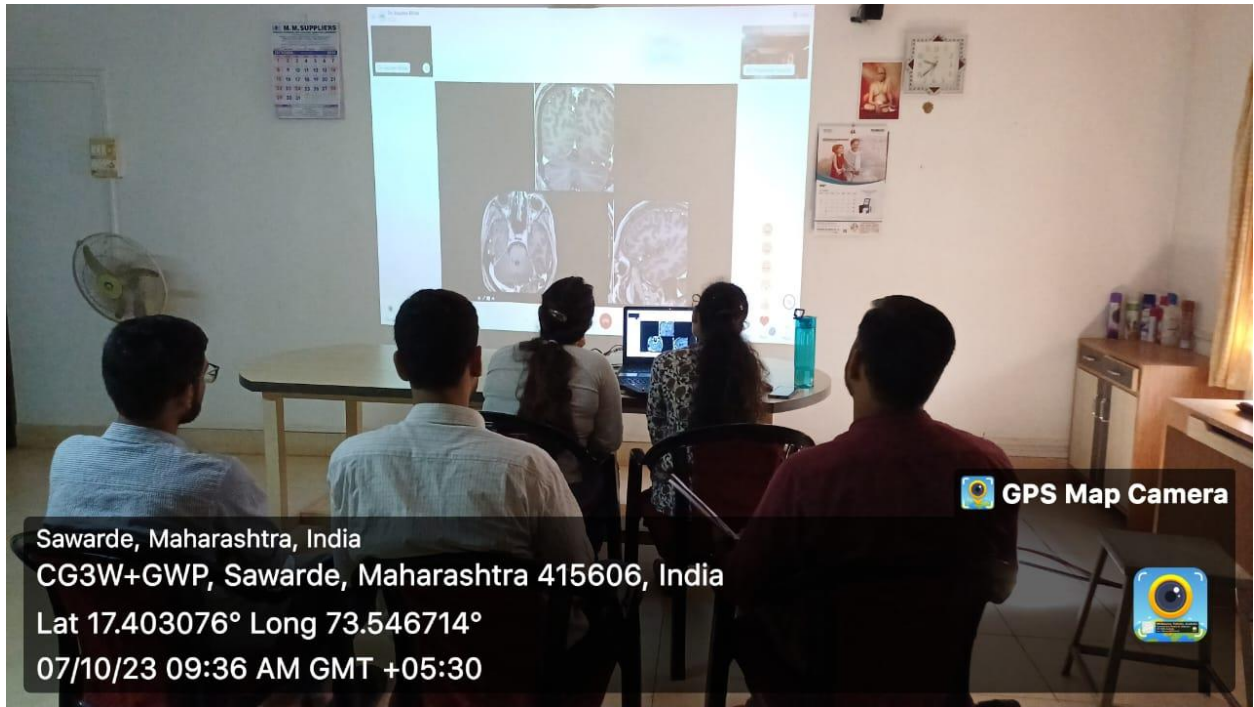
Wishing you all the best,

Yours sincerely,


Dr. Ninad Naphade,
Prof. & HOD- Dept. of Radio-diagnosis
BKLWPMC , Dervan

Head of Department
B.K.L. Walawalkar
Hospital, Sawarde


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FEEDBACK FORM

Participant's Name: Gaurav Gard

Conference/Workshop Title/Guest Lecture

Date: 18/10/2023

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent **Good** **Fair** **Unsatisfactory**

| | | | | |
|--|----------|---|---|---|
| This Lecture was well organized. | <u>1</u> | 2 | 3 | 4 |
| The presenters were knowledgeable. | <u>1</u> | 2 | 3 | 4 |
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| The purpose of the conference/workshop/course was met. | <u>1</u> | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | <u>1</u> | 2 | 3 | 4 |


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FEEDBACK FORM

Participant's Name: *Bathina Mallik*

Conference/Workshop Title/Guest Lecture

Date: *18/oct/2023*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent Good Fair Unsatisfactory

| | | | | |
|--|----------|---|---|---|
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[Signature]
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FEEDBACK FORM

Participant's Name: Dr Mihir M. Bairat

Conference/Workshop Title/Guest Lecture

Date: 18/10/23

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent Good Fair Unsatisfactory

| | | | | |
|--|---------------------------------------|---|---|---|
| This Lecture was well organized. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |
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| My expectations of the conference /workshop/course were met. | <input checked="" type="checkbox"/> 1 | 2 | 3 | 4 |

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FEEDBACK FORM

Participant's Name: *Dr. Rajkumar Koparale*

Conference/Workshop Title/Guest Lecture

Date: *18/10/2023*

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent Good Fair Unsatisfactory

| | | | | |
|--|------------|------------|---|---|
| This Lecture was well organized. | <i>1</i> ✓ | 2 | 3 | 4 |
| The presenters were knowledgeable. | <i>1</i> ✓ | 2 | 3 | 4 |
| The material was presented in an interesting manner. | <i>1</i> ✓ | 2 | 3 | 4 |
| The material presented was relevant and helpful. | <i>1</i> ✓ | 2 | 3 | 4 |
| The facilities were appropriate. | 1 | <i>2</i> ✓ | 3 | 4 |
| The purpose of the conference/workshop/course was met. | <i>1</i> ✓ | 2 | 3 | 4 |
| My expectations of the conference /workshop/course were met. | 1 | <i>2</i> ✓ | 3 | 4 |

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FEEDBACK FORM

Participant's Name: Dr. Tejas Ashok Ghule.

Conference/Workshop Title/Guest Lecture by Dr. Kumud.

Date: 18-10-2023

Please respond to the following questions by using the rating scale below:

1 **2** **3** **4**
Excellent Good Fair Unsatisfactory

| | | | | |
|--|-------------------------------------|---|---|---|
| This Lecture was well organized. | <input checked="" type="checkbox"/> | 2 | 3 | 4 |
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Signature



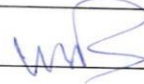
B.K.L.Walawalkar Rural Medical College & Hospital, Sawarde
Department of General Medicine & Radiology
Guest Lecture

Date - 17.11.2023


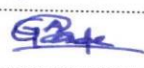














Lecture taken by - Dr. Vasudev Bhide

Topic - STROKE IMAGING

Signature -



Attendance

| <u>Name of the Doctors</u> | <u>Designation</u> | <u>Signature</u> |
|----------------------------|----------------------------|---|
| Dr. Tejas Ashok Ghule | JR Dept. of Radiodiagnosis |  |
| Dr. Gaurav A. Gode | JR ↓ Radiology |  |
| Dr. Bhatnagar Madhik | JR ↓ Radiology |  |
| Dr. Y Bhide | Radiologist |  |
| Dr. Shubhrat D. Dhopey | JR ↓ Radiology |  |
| Dr. Mibix M. Baizat | JR ↓ Radiology |  |
| Dr. Neha Manooorkar | JR ↓ Radiology |  |
| Dr. AAYUSH mawade | JR ↓ med |  |
| Dr. Ankita S. Kulkarni | JR ↓ med |  |
| Dr. Shrutika Gaikwad | JR ↓ med |  |
| Dr. Akshay Gangurde | JR ↓ Med |  |
| Dr. Lochan Malandkar | JR ↓ Med |  |
| Dr. Anand Joshi | Gastroenterology |  |
| Dr. Netaji Patil | Radiology |  |
| Dr. Pravin Jagtap | JR ↓ medicine |  |
| Dr. Anand Phand | JR ↓ med |  |



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DR BENJAMIN'S (FROM AMERICA) VISIT TO ANGANWADI



DR NIHAL THOMAS, DR JEBASINGH (CMC VELLORE), DR KOLTHUR AND DR SONAWANE'S (TIFR) VISIT TO DERVAN HOSPITAL AND RURAL COMMUNITY

