

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of Inspection : \_\_\_\_\_

1 Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
1				
2				
3				
4				
5				
6				
7				

(Attach separate List if necessary)

2 Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20..... - 20.....			
2	A.Y. 20..... - 20.....			
3	A.Y. 20..... - 20.....			
4	A.Y. 20..... - 20.....			
5	A.Y. 20..... - 20.....			

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- .....

This is to Certify that Dr. .... has worked in the Department  
of ..... Training Centre as per following  
Details**A) General Experience**

Designation	From	To	Total period Year/Months

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

Designation	From	To	Total period Year/Months

(It is mandatory to attach self-attested photo copy of the Experience Certificate of each Mentor in the Subject  
of concerned Fellowship/Certificate Course)Sign & Stamp  
Head of the Department  
Date: / /Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

Name of Inspectors		Signature of Inspectors
1.	Chairman	
2.	Member	
3.	Member	
4.	Member	